MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

83 DEC 18 1936

Do not use this space.

40425

File No. ..... Registered No. 1402

1. PLACE OF DEATH

County: BUCHANAN Registration District No. .....

Township: ..... Primary Registration District No. .....

City: ST. JOSEPH (No. STATE HOSP. #2 St. ..... Ward)

2. FULL NAME: CAROLINE KENGERSKI.

(a) Residence, No. BUCHANAN St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 1 mos. 0 ds. How long in U. S., if of foreign birth? unk yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Joseph Kengerski.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 1859

7. AGE: YEARS 77 MONTHS 5 DAYS 9 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: .....

10. Date deceased last worked at this occupation (month and year): .....

11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Poland

FATHER

13. NAME: ~~Unk~~ Wnorowski

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Poland.

MOTHER

15. MAIDEN NAME: Unk

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): .....

17. INFORMANT (ADDRESS): State Hospital #2

18. BURIAL, CREMATION, OR REMOVAL PLACE: Mt. Olivet Cem. DATE: Nov. 9, 1936

19. UNDERTAKER (ADDRESS): E. R. Lidenfelser Funeral Home, St. Joseph, Mo.

20. FILED: Nov. 9, 1936 J. Bryant Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov 9, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 19, 1935, to Nov 8, 1936

I last saw her alive on Nov 7, 1936. Death is said to have occurred on the date stated above, at 7 a.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Cervix — Date of onset 1935 plus

Other contributory causes of importance:

Name of operation: None Date of .....

What test confirmed diagnosis? Clin & Path. Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) E. E. DeKay, M. D.

(Address) State Hospital #2

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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