

APR 6 1937

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

Do not use this space.

1. PLACE OF DEATH

County Jackson Registration District No. 399 File No. 9653
Township Kaw Primary Registration District No. 1002 Registered No. 1280
City Kansas City, Mo. (No. 1733 Corrington Ave., K. C. Mo. St. 106 Ward)

2. FULL NAME Mrs. Stella Rynish

(a) Residence, No. 1733 Corrington Ave., St. 106 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 18, 1937

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Fred John Rynish

22. I HEREBY CERTIFY, That I attended deceased from March 10, 1937, to March 18, 1937

I last saw her alive on March 18, 1937. Death is said to have occurred on the date stated above, at 11:25 P.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5/1/1884

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 52 10 17

Pneumonia Bronchial Date of onset

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

10/20

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

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

Other contributory causes of importance:

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

13. NAME No record

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

15. MAIDEN NAME No record

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

17. INFORMANT Edward Rynish (ADDRESS) 1812 Bristol Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE 3/21/37

19. UNDERTAKER Sheil Funeral Home (ADDRESS) 6606 Indep. Ave., K. C. Mo.

20. FILED Mon 19 1937 M. M. Brown Registrar.

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) Paul S. Johnson M. D. (Address) 920 Newton Ave.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

OCCUPATION
FATHER
MOTHER

