

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

Do not use this space.

JUN 21 1937

1. PLACE OF DEATH

County Heckern
Township Taylor
City Hickington, Mo

Registration District No. 1052
Primary Registration District No. FB 10

File No. 20183
Registered No. _____
St. _____ Ward)

2. FULL NAME

Stephan Ivanuski

(a) Residence, No. _____ St., _____ Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

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

3. SEX fm 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 23, 1894
7. AGE YEARS 43 MONTHS 1 DAYS 4 If LESS than 1 day, hrs. or min.

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC.
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) Russia

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Stella Adair 7033 S Benton Ave. Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Cherry D DATE 5/1 37

19. UNDERTAKER (ADDRESS) Wheatland Home

20. FILED 5/28 37 Wheatland Mo Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 27 1937

22. I HEREBY CERTIFY, That I attended deceased from May - 26 - 1937, to May - 27 - 1937
I last saw her alive on May 26 1937. Death is said to have occurred on the date stated above, at 6:30 a
The principal cause of death and related causes of importance were as follows:

Neuriplegia
Cerebral Hemorrhage

Date of onset 5-26-37

Other contributory causes of importance: Previous Attack

Name of operation _____ Date of _____
What test confirmed diagnosis Physical 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) A. S. Johnston M. D.
(Address) Wheatland Mo

SEP 27 1944