

JUN 30 1937

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

Do not use this space.

1. PLACE OF DEATH
 10 County Vernon Registration District No. 875
 Township _____ File No. 21576
 7 City Nevada (No. _____) Primary Registration District No. 3039 Registered No. 136
 _____ St. _____ Ward _____

2. FULL NAME Mrs. Rose Pohorny - 1
 (a) Residence, No. 714 W. Austin 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 <u>7</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>A. J. Pohorny</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 11, 1876</u>		
7. AGE YEARS <u>61</u>	MONTHS <u>0</u>	DAYS <u>02</u>
If LESS than 1 day, _____ hrs. or _____ min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Wife</u>	
	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) <u>Melunke W. Va.</u>		
FATHER	13. NAME <u>Frank Menzel</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Bohemian</u>	
MOTHER	15. MAIDEN NAME <u>Anne Pazdovnik</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Bohemian</u>	
17. INFORMANT (ADDRESS) <u>A. J. Pohorny</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Melunke W. Va.</u> DATE <u>May 16, 1937</u>		
19. UNDERTAKER (ADDRESS) <u>Eichinger</u>		
20. FILED <u>5/14</u> 19 <u>37</u> <u>M. Eichinger</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 14, 1937 to May 14, 1937
 I last saw her alive on May 14, 1937 Death is said to have occurred on the date stated above, at 2 A. m.
 The principal cause of death and related causes of importance were as follows:
Chronic Bronchial Asthma with myocardial degeneration.
 Date of onset May 14 1937

Other contributory causes of importance: None known.

Name of operation none Date of _____
 What test confirmed diagnosis? Exam 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) W. H. Rose M. D.
Nevada, Mo. (Address)

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.

