AUG 24 1937

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

Do not use this space.

1. PLACE OF DEATH
County Jackson 1 Registration District No. 398 File No. 27401
Township ~~Blue~~ Primary Registration District No. 3019 Registered No. 240
City Independence (No. Independence Sanitarium St. Ward)

2. FULL NAME Mrs Violet Pisha
(a) Residence, No. St., 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

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Patrick Pisha
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 13 1906
7. AGE YEARS 31 MONTHS 4 DAYS 3 If LESS than 1 day, hrs. or min.

OCCUPATION
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. House Wife
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) Ray Co. Missouri

FATHER
13. NAME William King
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania

MOTHER
15. MAIDEN NAME Almina Jacobs
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray Co. Missouri

17. INFORMANT (ADDRESS) Mrs Patrick Pisha Richmond Missouri
18. BURIAL, CREMATION, OR REMOVAL
PLACE Sunny Slope DATE July 18 37
19. UNDERTAKER (ADDRESS) George C. Carson Independence Mo.
20. FILED 7-21-1937 F. L. Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 15 1937
22. I HEREBY CERTIFY, That I attended deceased from Deputy Coroner, 19
I last saw alive on 19 Death is said to have occurred on the date stated above, at 10:15 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Self induced abortion	
Pelvic peritonitis	

Other contributory causes of importance:
Acute Interstitial Nephritis

Name of operation Self Induced Abortion Date of ?
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

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?
If so, specify
(Signed) J. Homeboy, M. D.
(Address) Deputy Coroner

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

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.

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