

OCT 25 1937

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

Do not use this space.

35111

1. PLACE OF DEATH

County Ripley
Township Union
City Union (No. _____) St. _____ (Ward) _____

Registration District No. 750
Primary Registration District No. 5985

File No. 15
Registered No. 1484

2. FULL NAME

Irene Bublka

Irene Bublka

(a) Residence, No. _____ St. _____ Ward. _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. 4. COLOR OR RACE w. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) child

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 29, 1926

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
11 4 18

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

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) Ripley, Mo.
(STATE OR COUNTRY)

13. NAME Martin A. Bublka

14. BIRTHPLACE (CITY OR TOWN) Chicago, Ill.
(STATE OR COUNTRY)

15. MAIDEN NAME Josephine Menarek

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

17. INFORMANT Martin A. Bublka
(ADDRESS) Union, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Pulaski Cem. DATE 9-20-37

19. UNDERTAKER F. E. Jackson
(ADDRESS) Union, Mo.

20. FILED 9-18 1937 W. J. Johnston
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from August 1, 1937 to Sept 17, 1937
I last saw her alive on Sept. 10, 1937 Death is said to have occurred on the date stated above, at 11:50 P.M.

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

aortic regurgitation Date of onset _____

Other contributory causes of importance:

NoneName of operation none Date of _____What test confirmed diagnosis? clinical Was there an autopsy? _____

28. 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. E. Johnston, M. D.(Address) Union, Mo.

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

W. H. H. H.