NOV 15 1937

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

Do not use this space.

37115

File No.

Registered No. 1088

85

1. PLACE OF DEATH

County: Buchanan — Registration District No.

Township — Primary Registration District No.

City: St. Joseph, Mo. (No. Missouri Methodist Hospital St. Ward)

2. FULL NAME Female Kizior

(a) Residence, No. St. Joseph R F D 4 St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October.2.1937

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
0	0	0	

OCCUPATION

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

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) St. Joseph, (STATE OR COUNTRY) Missouri

FATHER

13. NAME John Kizior

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

MOTHER

15. MAIDEN NAME Caroline Pienk

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

17. INFORMANT John Kizior
(ADDRESS) St. Joseph, Mo. R F D 4

18. BURIAL, CREMATION, OR REMOVAL Mt. Olivet Cemt
PLACE St. Joseph, Mo. DATE Oct. 4. 1937

19. UNDERTAKER H. O. Sidenfaden & Son
(ADDRESS) 1802 Union Str. St. Joseph,

20. FILED 10/4 1937 W. J. Westbrook
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October. 2. 1937

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on Before, 19..... Death is said to have occurred on the date stated above, at 3/15 p.m.

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

	Date of onset
Prolapsed Cord	

Other contributory causes of importance:
Transverse Presentation
Placenta Previa, Marginal

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... 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? No
If so, specify .....

(Signed) E. E. Wadlow, M. D.
(Address) 620 Francis St. St. Joseph

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

FILL IN ANSWERS TO ALL SPACES CHECKED IN RED PENCIL.

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

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1. PLACE OF DEATH
(a) County Buchanan — Registration District No. 85
(b) Township — Primary Registration District No. 1001 — Registered No. 1088
(c) City St Joseph — (d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Female Kizoir
(a) Residence, No. ..... St. ☐ .....
(Usual place of abode, if no street address, write county or city) (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)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 2 1937
7. AGE — YEARS: Still-born. — MONTHS — DAYS — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as 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)

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

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)
18. BURIAL, CREMATION, OR REMOVAL
PLACE ..... DATE 19
19. FUNERAL DIRECTOR (ADDRESS)
20. FILED 12-22-? 1937 E. E. Wadlow M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 2, 1937
22. I HEREBY CERTIFY, That I attended deceased from ..... 19 to 19
I last saw h[illegible] alive on ..... 19 Death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:
Prolapsed Cord prior to admission to Hospital
Date of onset
Other contributory causes of importance:
Shoulder Presentation
Placenta Praevia
Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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? .....
If so, specify .....
(Signed) E. E. Wadlow, M. D.
(Address) 628 Francis St. St Joseph Mo

SUPPLEMENTARY

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.
REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

S-37115