

DEC 17 1937

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan
Township Washington
City St. Joseph

Registration District No. 86
Primary Registration District No. 5127
(No. 40th & Renick St.)

File No. 40767
Registered No. 70
St. _____ Ward _____

2. FULL NAME Marjanna Gorska

(a) Residence, No. 40th & Renick St. St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if of foreign birth? 38 yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 26, 1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
69 5 16

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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) Unknown
(STATE OR COUNTRY) Poland

FATHER 13. NAME Valentine Bunkowski

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

MOTHER 15. MAIDEN NAME Lucy Plitt

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

17. INFORMANT Mrs. Louis A. Kamler
(ADDRESS) 40th & Renick St.

18. BURIAL, CREMATION, OR REMOVAL Mount Olivet Cem.
PLACE St. Joseph Mo. DATE Dec 14, 1937

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

20. FILED Dec. 13, 1937 B. W. Tadlock
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 19, 1937 to Dec 12, 1937

I last saw her alive on Dec 12, 1937. Death is said to have occurred on the date stated above, at 8.05 A.M.

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

Chronic Myocardial Insufficiency Date of onset unknown

Other contributory causes of importance:

Arteriosclerosis General

Name of operation None Date of _____
What test confirmed diagnosis? Clinical 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) Arthur A. Fair, M. D.
(Address) 1114 North Pacific Bldg., St. Joseph Mo.

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.

