

REC'D MAR 14 1938

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township Kaw
City K. C. Mo. (No. 3243)

Registration District No. 399
Primary Registration District No. 1002
Summit

File No. 5613
Registered No. 679
St. _____ Ward _____

2. FULL NAME

Mrs. Mary Elizabeth Huoni 500

(a) Residence, No. 3243 Summit 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 1, 1848

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
89 5 9

OCCUPATION 8. Trade, profession, or particular kind of work done, as splanner, 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) (STATE OR COUNTRY) Prague, Austria 713. NAME Anthony Kobes, 714. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria 715. MAIDEN NAME No Record16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria17. INFORMANT Wm. T. Huoni
(ADDRESS) 3736 Bales18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE Feb. 12, 193819. UNDERTAKER Wagner Funeral Home
(ADDRESS) 204 W. Linwood20. FILED 2/10 19 38 M. M. Brown
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 10, 193822. I HEREBY CERTIFY, that I attended deceased from Dec 2nd 1937 to Feb 9th 38, 1938I last saw him alive on Feb 9th 38, 1938 Death is said to have occurred on the date stated above, at 3:20 m. amThe principal cause of death and related causes of importance were as follows:
Two strokes Dec 2nd 1937 Feb 9th 38 82Other contributory causes of importance:
Arterio Sclerosis

Name of operation _____ Date of _____

What test confirmed diagnosis fungus Was there an autopsy? _____23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 1938

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? NoIf so, specify Geo F Hamel(Signed) Geo F Hamel M. D.(Address) 900 Beulah Bldgsee memo

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ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County..... Registration District No..... File No. 679
Township..... Primary Registration District No..... Registered No.....
City..... (No. 3243 Summit)..... St. Ward)

2. FULL NAME

Mrs. Mary Elizabeth Husari
(a) Residence, No. 3243 Summit..... Ward..... (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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Captn Joseph Husari
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 1, 1848
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 10, 1938
22. HEREBY CERTIFY, That I attended deceased from Dec. 2, 1937 to Feb. 9, 1938
I last saw her alive on Feb. 9, 1938 Death is said to have occurred on the date stated above, at 3:20 A. m.
The principal cause of death and related causes of importance were as follows:

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.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

two strokes
Dec. 27, & Feb. 8/38
Cerebral Hemorrhage
Other contributory causes of importance: arteriosclerosis
Date of onset

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
13. NAME
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
17. INFORMANT (ADDRESS)
18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

Name of operation..... Date of.....
What test confirmed diagnosis? paralysis Was there an autopsy?.....
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.....

19. UNDERTAKER (ADDRESS)
20. FILED 7/10 1938 M. M. Brown
Registrar.

24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify Geo J. Havel
(Signed) Geo J. Havel M. D.
(Address) 700 North Ridge

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
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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