

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 Buchanan

Registration District No. 85

File No. 6085

Township

Primary Registration District No. 1001

Registered No. 160

City St. Joseph

(No. 813 So. 17)

St. _____ Ward)

2. FULL NAME Josephina K. Chojnowski

(a) Residence, No. 813 So 17 St., _____ Ward.

Length of residence in city or town where death occurred 53 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 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 Peter Paul Chojnowski

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 25, 1862

7. AGE YEARS 75 MONTHS 8 DAYS 11 If LESS than 1 day, _____ hrs. or _____ min.

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

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) Poland

13. NAME William Bunkowski

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

15. MAIDEN NAME Lucy Plet

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

17. INFORMANT (ADDRESS) Julia Chojnowski 713 So 17

18. BURIAL, CREMATION, OR REMOVAL W. O. Wood DATE 2-8 1938

19. UNDERTAKER (ADDRESS) Barry Hyle 218 So 17

20. FILED Feb 7 1938 H. H. Hestebush Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 6 1938

22. I HEREBY CERTIFY that I attended deceased from 1936 to 1937 to 1938

I last saw him alive on 7/3, 1938. Death is said to have occurred on the date stated above, at 7 p.m.

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

Arterio-sclerosis
Myocardial infarction
Brain

Other contributory causes of importance: nasal debility

Name of operation _____ Date of _____

What test confirmed diagnosis? clinical Was there an autopsy? W

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? W 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? W

If so, specify _____

(Signed) W. O. Wood M. D.

(Address) 211 Phys Dept Bldg

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.

