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.

DEC'D MAR 14 1938

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

6162
Do not use this space.

1. PLACE OF DEATH
(a) County Buchanan. 1
(b) Township
(c) City St. Joseph.
Registration District No. 85
Primary Registration District No. 1001
Registered No. 238
(d) Street No. St. Joseph's Hospital. 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 27 yrs. 5 mos. 1 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mary Margaret Bokay. 200
(a) Residence, No. 2002 Main Street. 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: Female
4. COLOR OR RACE: White.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 21, 1909
7. AGE: YEARS 28 MONTHS 5 DAYS 1 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Inspector.
9. Industry or business in which work was done, as saw mill, bank, etc. Quaker Oats Co.
10. Date deceased last worked at this occupation (month and year) Feb 1938
11. Total time (years) spent in this occupation 3 Yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Joseph. Missouri. 0

FATHER
13. NAME Frank Bokay. 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Horton. Kansas. 1

MOTHER
15. MAIDEN NAME Elizabeth Hagel.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Everest Kansas. Kansas.

17. INFORMANT (ADDRESS) Frank Bokay. 2002 Main Street.
18. BURIAL, CREMATION, OR REMOVAL Mt. Olivet Cemt
PLACE St. Joseph, Mo. DATE Febr. 24 1938
19. FUNERAL DIRECTOR (ADDRESS) H. O. Sidenfaden & Son. 1802 Union St. St. Joseph Mo.
20. FILED 2/23 1938 H. J. Hettebush Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 22, 1938
22. I HEREBY CERTIFY, That I attended deceased from Feb 19, 1938, to Feb 22, 1938
I last saw her alive on Feb 22, 1938 Death is said to have occurred on the date stated above, at 10 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Sepsis General due to extraction of infected tooth	Feb 12-38

115 B2

Other contributory causes of importance:

Name of operation Extraction of tooth Date of Feb 12-38
What test confirmed diagnosis Clinical 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 1
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) John J. Byrne, M. D.
(Address) St. Joseph Mo.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, Elbert R. Harrington; Licensed Embalmer No. 3258

hereby certify that the body recorded on the reverse side of this certificate was embalmed by my-self

✓ L. E. ✓

No. ✓ or by ✓, Registered Apprentice No. ✓

working under my personal supervision.

Signed Elbert R. Harrington

Licensed Embalmer No. 3258

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)