

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

Do not use this space.

MAY 19 1937

1. PLACE OF DEATH

County De Kalb Registration District No. 258 File No. 16206
 Township Washington Primary Registration District No. 5360A Registered No. 6
 City 1 1/2 Mile West, Clarksdale, Mo. St. _____ Ward _____

2. FULL NAME Mary Pankau

(a) Residence, No. De Kalb, County, Mo. St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 8 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 Joseph Pankau

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 15, 1860.

7. AGE YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
<u>76</u>	<u>8</u>	<u>13</u>	

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) (STATE OR COUNTRY) Unknown Ohio

13. NAME Adam Kimitt

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

15. MAIDEN NAME Mary Stevely

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

17. INFORMANT Mrs. Paul Fisher
 (ADDRESS) R.F.D. Clarksdale, Mo.

18. BURIAL, CREMATION, OR REMOVAL St. Mary's Cem.
 PLACE Hurlinger, Mo. DATE April 30, 1937

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

20. FILED Apr 30 1937 Mrs C.M. Davis
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from _____, 1937, to 4-23- 1937
 I last saw h. er alive on April 23, 1937. Death is said to have occurred on the date stated above, at 8:55 a.m.
 The principal cause of death and related causes of importance were as follows:

Influenza

Date of onset Mar 27

Other contributory causes of importance:
Mitral Insufficiency

Name of operation _____ 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? _____
 If so, specify _____
 (Signed) G. L. Perkins, M. D.
 (Address) Clarksdale, Mo.

