

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

Do not use this space.

32710

1. PLACE OF DEATH

36

County Franklin
Township Union
City Washington (No. _____)

Registration District No. 206
Primary Registration District No. 41100

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. R.F.D. St. _____ Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 50 yrs. - mos. - ds. How long in U. S., if of foreign birth? 72 yrs. - mos. - ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Katherine (Mae) Filla

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 1, 1855

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>77</u>	<u>11</u>	<u>5</u>	

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

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) Kielce Poland

13. NAME Lawrence Filla

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

15. MAIDEN NAME Frances Kielbassa

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

17. INFORMANT Mrs. John C. Filla (ADDRESS) R.F. No. Washington Mo

18. BURIAL, CREMATION, OR REMOVAL Blair Bottom, Mo DATE 10/18/33 19.

19. UNDERTAKER Nieburg & Vetter (ADDRESS) Washington, Mo

20. FILED Nov 7, 1933 J. R. Marshall Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/6/33, 19__

22. I HEREBY CERTIFY, That I attended deceased from 8/6/33, 19__ to 8/4/33, 19__

I last saw him alive on Sept 4, 19__ 33 Death is said to have occurred on the date stated above, at 6:45 p.m.

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

Cocaine Date of onset 3
4

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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 _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____

(Signed) J. R. Marshall, M. D.
(Address) Washington, Mo.

WITH UNFADING INK---THIS IS A PERMANENT RECORD

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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