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

Do not use this space.

85

File No. 7865

Registered No. 270

1. PLACE OF DEATH

County: Buchanan

Registration District No.

Township

Primary Registration District No. 1001

City: St Joseph (No. St Joseph Hospital St. Ward)

2. FULL NAME Caroline Tyliski

(a) Residence, No. 2421 Patee street 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*)
Female	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 2, 1934

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	0	0	3	

OCCUPATION

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

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

FATHER

13. NAME Felix Tyliski

14. BIRTHPLACE (CITY OR TOWN) St Joseph
(STATE OR COUNTRY) Mo.

MOTHER

15. MAIDEN NAME Evelyn Dryer

16. BIRTHPLACE (CITY OR TOWN) St Joseph
(STATE OR COUNTRY) Mo.

17. INFORMANT Felix Tyliski
(ADDRESS) 2421 Patee st St Joseph Mo.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Mt Olivet Cemetery
PLACE St Joseph Mo. DATE March 5, 1934

19. UNDERTAKER H.O. Sidenfaden
(ADDRESS) 1802 Union st St Joseph Mo.

20. FILED MAR 5 1934, 19 John R. Bowden Jr. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 5, 1934

22. I HEREBY CERTIFY, That I attended deceased from Mar 2, 1934, to Mar 4, 1934

I last saw h. er alive on Mar 4, 1934. Death is said to have occurred on the date stated above, at 6 A m.

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

	Date of onset
Premature	
Lung	
1 day	
Other contributory causes of importance:	
Cut Collapse	Mar 4

Name of operation None Date of

What test confirmed diagnosis? Clin 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? No

If so, specify

(Signed) Frank J. Hanlegan, M. D.

(Address) Kansas City Mo.

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.

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD