

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

Do not use this space.

35885

1. PLACE OF DEATH

County Henry Registration District No. 349
Township Springfield Primary Registration District No. 3300
City Calhoun (No. _____ St. _____ Ward _____)

File No. _____
Registered No. 10

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 13 - 1857</u>		
7. AGE	YEARS <u>78</u>	MONTHS <u>5</u>
	DAYS <u>27</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	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) <u>Czechoslovakia</u>		
FATHER	13. NAME <u>A. Marek</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Czechoslovakia</u>	
MOTHER	15. MAIDEN NAME _____	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Not known</u>	
17. INFORMANT <u>John Marek</u> (ADDRESS) <u>Calhoun Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Calhoun Mo</u> DATE <u>Nov 13 1935</u>		
19. UNDERTAKER <u>J. A. Housley</u> (ADDRESS) <u>Calhoun Mo</u>		
20. FILED <u>11-18 1935</u> <u>Mo. A. A. Gray</u> Registrar.		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 10 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 1 1935 to Nov 10 1935
I last saw him alive on Nov 9 1935. 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:
Paralysis Date of onset 1935

Other contributory causes of importance:
Blood Clots in Brain

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy?

28. 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. A. Housley M.D.
(Address) Calhoun 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.

