

APR 15 1936

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

Do not use this space.

9466

1. PLACE OF DEATH

 County..... Buchanan
 Township.....
 City..... St. Joseph

 Registration District No..... 85
 Primary Registration District No..... 1001
 (No) St. Joseph's Hospital

 File No.....
 Registered No..... 475
 St. Ward)
2. FULL NAME Sophia Pasek(a) Residence, No. 6301 Brown St., Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 20 yrs. 11 mos. 18 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 11, 1915.
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
20 11 18
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Trimmer (Pork)9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Armour & Co.
 10. Date deceased last worked at this occupation (month and year) March 1936. 11. Total time (years) spent in this occupation. 4 Yrs.
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Joseph Missouri13. NAME Martin Pasek14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Poland15. MAIDEN NAME Margaret Czech16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Poland17. INFORMANT Martin Pasek (ADDRESS) 6301 Brown St. St. Joseph, Mo.18. BURIAL, CREMATION, OR REMOVAL Mt. Olivet Cemetery PLACE St. Joseph, Mo. DATE April 1, 193619. UNDERTAKER H. O. Sidenfaden (ADDRESS) 802 Union St. St. Joseph, Mo.20. FILED 3-30 1936 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 29, 1936.22. I HEREBY CERTIFY, That I attended deceased from March 18, 1936 to March 28, 1936I last saw her alive on March 28, 1936 Death is saidto have occurred on the date stated above, at 6:03 P.M.

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

Septicemia following
Otitis media

Date of onset

Other contributory causes of importance:

Chronic bronchitis
CardiomegalyName of operation no operation Date ofWhat test confirmed diagnosis? Spec. Ex. 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

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Willard C. Grand, M. D.(Address) P. O. Bldg. St. Joseph, Mo.

WHITE PLAINLY, 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.

