

DEC 18 1936

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

Do not use this space.

40653

1. PLACE OF DEATH

County Cedar
Township Fitzgerald Box
City (No. _____) _____

Registration District No. 168
Primary Registration District No. 5228

File No. _____
Registered No. 57
St. _____ Ward _____

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 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 _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 12 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
77 7 29

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

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) Vltava Lyn
Ceske Slovensko

13. NAME Frank Svoboda

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Vltava Lyn Ceske
Slovensko

15. MAIDEN NAME Anna Ambroz

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Vltava Lyn Ceske
Slovensko

17. INFORMANT Mrs. Anna Honomiche
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Burgil City, Kansas DATE Nov. 12 1936

19. UNDERTAKER Nepus Funeral Home
(ADDRESS) 1114 Grand St. Chicago, Ill.

20. FILED 11-12-1936 J. W. Dawson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 11, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 3, 1936, to Nov 11, 1936

I last saw him alive on Nov 11, 1936. Death is said to have occurred on the date stated above, at 12:30 p.m.

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

Acutea Pectoris

Date of onset

Other contributory causes of importance:

Coronary Sclerosis

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 _____, 1936

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) M. P. Peyton, M. D.

(Address) 1114 Grand St. Chicago

