

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

Do not use this space.

1357

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Ross Primary Registration District No. 100
 City Kansas City, Mo. (No.), Research Hospital (Ward)

File No.
 Registered No. 45
 St. (Ward)

2. FULL NAME Josephine Wasko 200

(a) Residence, No. 821 Central Ave., Kansas City, Mo. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 45 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 John Wasko

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 26 - 1864

7. AGE YEARS 63 MONTHS 10 DAYS 5 If LESS than 1 day,hrs. ormin.

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. At Home

10. Date deceased last worked at this occupation (month and year) 12-15-37 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Czechoslovakia

13. NAME Michael Cishac

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Czechoslovakia

15. MAIDEN NAME Barbara Pishac

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Czechoslovakia

17. INFORMANT John Wasko (ADDRESS) 21 North 9th K.C.K.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Calvary DATE Jan. 4

19. UNDERTAKER Jos. A. Butler & Son (ADDRESS) K.C.K.

20. FILED Jan 4 1938 M. M. Crowne Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 1-38, 19

22. I HEREBY CERTIFY, That I attended deceased from 12-24, 1937, to Jan. 1-38, 19

I last saw her alive on Jan 1-38, 19 Death is said to have occurred on the date stated above, at 3:40 A.M.

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

Cardiac disturbances as the result of toxic goitre Date of onset

Other contributory causes of importance: none

Name of operation none Date of

What test confirmed diagnosis? cardiac 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? If so, specify no

(Signed) Edward G. Blair, M. D. (Address)

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.

Edw G Blair

RECEIVED

FEB 18 1938

BUREAU OF VITAL STATISTICS
MO. STATE BOARD OF HEALTH