

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.

AUG 24 1937

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

Do not use this space.

1. PLACE OF DEATH

County

Jackson

Registration District No.

398

Township

Belle

Primary Registration District No.

3019

City

Independence

(No.

Independence

St.

Ward)

File No.

27401

Registered No.

240

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

St.

Ward.

(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)

Married

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

Patrick Pisha

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

March 13 1906

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

31

4

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

Housewife

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

Ray Co. Missouri

13. NAME

William King

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

Ray Co. Missouri

15. MAIDEN NAME

Almina Jacobs

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

Ray Co. Missouri

17. INFORMANT (ADDRESS)

Mrs. Patrick Pisha, Independence, Missouri

18. BURIAL, CREMATION, OR REMOVAL

PLACE Chicago, Ill. DATE July 18 37

19. UNDERTAKER (ADDRESS)

George B. Gough, Independence, Mo.

20. FILED

7-21-37 J.H. Gank Registrar.

MEDICAL CERTIFICATE OF DEATH

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

July 15 1937

22. I HEREBY CERTIFY, That I attended deceased from

Deputy Coroner

I last saw him alive on 19..... Death is said

to have occurred on the date stated above, at 10:15 P.M.

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

Date of onset

Self induced abortion

Pelvic peritonitis

Other contributory causes of importance:

Acute interstitial nephritis

Name of operation Self induced Abortion Date of ?

What test confirmed diagnosis Autopsy 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?

If so, specify

(Signed)

Honey M. D.

(Address)

Deputy Coroner

