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

JAN 18 1937

Do not use this space.

43832

1. PLACE OF DEATH

County Buchanan — Registration District No. 85

Township Washington — Primary Registration District No. 1001

City St. Joseph (No. Missouri Methodist Hospital St.) Ward)

File No.

Registered No. 1526

2. FULL NAME [illegible]

(a) Residence, No. [illegible] St., Ward. San Antonio Texas

(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 24, 1850

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	86	8	18	

OCCUPATION

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

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) 1930

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) San Antonio, Missouri

FATHER

13. NAME Jacob Dorer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) [illegible], Penn.

MOTHER

15. MAIDEN NAME Hannah Kessler

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) [illegible], Germany

17. INFORMANT (ADDRESS) Mrs. C. C. Cornelius, 1074 [illegible] Ave., St. Joseph Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Bowen Cemetery DATE Dec. 14, 1936

19. UNDERTAKER [illegible] Funeral Home

(ADDRESS) 602 Forth [illegible] Street

20. FILED Dec 12 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 12, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 1 V, 1936, to Dec 1 V, 1936

I last saw h[illegible] alive on Dec 1 V, 1936 Death is said to have occurred on the date stated above, at 12:10 P. m.

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

	Date of onset
Myocarditis	1
Other contributory causes of importance: Coronary Sclerosis	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

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) [illegible], M. D.

(Address) St. Joseph 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

1 X7284

"Brief.