

Registered No. 573(No. 36 Douglas AveSt. 1 Ward 1

(If death occurred in a hospital or institution, give its NAME instead of street and number)

² FULL NAME Mary Hamzik(18a) Residence No. 36 Douglas Ave St. 1 Ward 1

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 5 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) married5a IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF John Hamzik6 DATE OF BIRTH Cannot be learned
(Month) (Day) (Year)7 AGE Years about 61 Months Days If LESS than 1 day, how many hrs. or min.?

8 OCCUPATION

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or Town) Krucov
(State or Country) Czechoslovakia10 NAME OF FATHER Michael Zikowski11 BIRTHPLACE OF FATHER (City or Town) Krucov
(State or Country) Czechoslovakia12 MAIDEN NAME OF MOTHER unknown13 BIRTHPLACE OF MOTHER (City or Town) unknown
(State or Country) Czechoslovakia

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) x John Hamzik
(Address) 36 Douglas Ave15 Filed Aug 29, 1921 M. M. Palmatier
REGISTRARBurial or Transit } Permit issued by M. M. PalmatierDate of Issue Aug 29 1921

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Aug 27, 1921
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from July 23, 1921, to July 23, 1921, that I last saw her alive on July 23, 1921, and that death occurred on the date stated above, at 5:50 AM. The CAUSE OF DEATH * was as follows:Angina Pectoris
Myocardial InsufficiencyCONTRIBUTORY Hypertension Chronic nephritis
(SECONDARY) (Duration) 1+ yrs. mos. ds.

18b Where was disease contracted, if not at place of death?

Did an operation precede death? no Date ofWas there an autopsy? no

What test confirmed diagnosis?

(Signed) L. B. Blakely, M. D.
Aug 27, 1921 (Address) 69 Walnut St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL

19 PLACE OF BURIAL, CREMATION OR REMOVAL Bolshoi Cemetery21 DATE OF BURIAL Aug 29, 192120 UNDERTAKER Joseph Greshovic ADDRESS Brighampton