

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

Do not use this space.

7546

MAR 21 1928

**1. PLACE OF DEATH**

County..... Wernake Registration District No..... 880  
Township..... Walker Primary Registration District No..... 6168  
City..... (No)..... St..... Ward.....

File No.....  
Registered No..... 6  
St..... Ward.....

**2. FULL NAME**

Blacy Hojzman  
(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) Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 11 1844

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
83 | 3 | 10 |

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work..... Homekeeper  
(b) General nature of industry, business, or establishment in which employed (or employer).....  
(c) Name of employer.....

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY) Poland

**10. NAME OF FATHER**

Stanley

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY) Poland

**12. MAIDEN NAME OF MOTHER**

Unknown

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY) Unknown

14. INFORMANT Mrs. J. V. Hojzman  
(Address) Nevada, Mo.

15. FILED 7-22-1928 Adonis  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 21, 1928

17. I HEREBY CERTIFY, That I attended deceased from..... 19..... to..... 19.....  
that I last saw the deceased..... death..... and that death occurred, on the date stated above, at..... 1:00 A. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Probably myocarditis  
Died suddenly

CONTRIBUTORY (SECONDARY) 93D  
90B

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?..... No

WHAT TEST CONFIRMED (SIGNED).....  
W. H. King - Coroner

(Address) Nevada, Mo

\*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 Newton Burial Park  
DATE OF BURIAL Feb. 22 1928

20. UNDERTAKER Allen V Hojzman Nevada, 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.

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Student Success