

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

Do not use this space.

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File No. _____
Registered No. 544
St. _____ Ward _____

1. PLACE OF DEATH

County Buchanan
Township _____
City St. Joseph (No. 309 Yale Street)

2. FULL NAME Alex Dachyshyn

(a) Residence. No. 309 Yale Street St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 0 yrs. 2 mos. 14 da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Dorothy Dachyshyn

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 17, 1888

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
40 1 25 14

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Austria

10. NAME OF FATHER Mikeal Dachyshyn

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Austria

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Unknown

14. INFORMANT Dorothy Dachyshyn
(Address) 309 Yale Street

15. FILED MAY 2 1928 John G. [Signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 3, 1928

17. I HEREBY CERTIFY That I attended deceased from Apr 25, 1928 to May 1, 1928 that I last saw him alive on May 1, 1928, and that death occurred, on the date stated above, at 9:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Labor pneumonia
108 (duration) yrs. mos. 6 da.

CONTRIBUTORY (SECONDARY) not any (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRAINED 1010
IF NOT AT PLACE OF DEATH _____
DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical
(Signed) Fenton J. [Signature], M. D.

May 1, 1928 (Address) 226 W. W. [Signature]

*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 Mount Olivet Cemetery DATE OF BURIAL May 3, 1928

20. UNDERTAKER H. O. [Signature] ADDRESS 1802 Union Str.

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.

