

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

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.

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

Do not use this space.

16221

1. PLACE OF DEATH
County..... Buchanan Registration District No..... 1001
Township..... Primary Registration District No.....
City..... St. Joseph, (No. 5927 Lake Avenue) St. Ward

2. FULL NAME Barbara Mihelech
(a) Residence. No. 5927 Lake Avenue St., Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 0 yrs. 0 mos. 7 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) Single		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) May. 4. 1928.				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	0	0	7	
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Child (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer				
9. BIRTHPLACE (CITY OR TOWN) St. Joseph, (STATE OR COUNTRY) Missouri.				
PARENTS	10. NAME OF FATHER John Mihalech			
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown (STATE OR COUNTRY) Austria			
	12. MAIDEN NAME OF MOTHER Kate Yarnivich			
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Kansas City, (STATE OR COUNTRY) Missouri.			

MEDICAL CERTIFICATE OF DEATH	
16. DATE OF DEATH (MONTH, DAY AND YEAR) May. 11. 1928.	
17. I HEREBY CERTIFY, That I attended deceased from May. 11. 1928, to May. 11. 1928, to that I last saw h. alive on 7/30. a.m. and that death occurred, on the date stated above, at 119 1/2 East Front St. St. Joseph, Mo.	
THE CAUSE OF DEATH* WAS AS FOLLOWS: Acute Epiglottitis Gastroenteritis 113 B	
CONTRIBUTORY (SECONDARY) 113 B (duration) yrs. mos. ds.	
18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH..... DID AN OPERATION PRECEDE DEATH..... No. DATE OF..... WAS THERE AN AUTOPSY?..... WHAT TEST CONFIRMED DIAGNOSIS?..... (Signed) J. W. Mass Coronet, M. D. May. 11, 1928 (Address) St. Joseph, 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 Mount Olivet Cemetery	DATE OF BURIAL May. 12. 1928
20. UNDERTAKER H. S. Sidner	ADDRESS 1802 Union Str

14. INFORMANT John Mihelech (Address) 5927 Lake Avenue
15. MAY 11 1928 FILED REGISTERAR

