

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

Do not use this space.

16246

1. PLACE OF DEATH
 County..... Buchanan Registration District No. 85
 Township..... Primary Registration District No. 1001
 City..... St. Joseph. (No. St. Joseph's Hospital.) St. Ward)

File No.
 Registered No. 641

2. FULL NAME Helen Miljavac.
 (a) Residence, No. 5811 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 18 yrs. mos. ds. How long in U.S., if of foreign birth? 18 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 28, 1878.

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	50	1	18	

8. OCCUPATION OF DECEASED
 (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) Unknown.
 (STATE OR COUNTRY) Croatia.

10. NAME OF FATHER John Shulock.

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

12. MAIDEN NAME OF MOTHER Anna Ladesio.

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

14. INFORMANT Michael Miljavac.
 (Address) 5811 Lake Avenue.

15. FILED 1928 19.....
John G. [Signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 16, 19 28

17. I HEREBY CERTIFY, That I attended deceased from 5-15 to 5-16, 1928, that I last saw h. AT alive on 5-16, 1928, and that death occurred, on the date stated above, at 8:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

11A
107A Broncho-Pneumonia
 (duration) yrs. mos. 3 ds.
 CONTRIBUTORY (SECONDARY) Influenza
 (duration) yrs. mos. 8 ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH? No

DID AN OPERATION PRECEDE DEATH? DATE OF
 WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical
 (Signed) Est. [Signature], M. D.

5/17, 1928 (Address) 1012 W. Mc. Ave.

*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 DATE OF BURIAL

Mount Olivet Cemetery. May 19 1928.

20. UNDERTAKER H.C. [Signature]
 ADDRESS 1802 Union St.

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.

