

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

Do not use this space.

1383

1. PLACE OF DEATH

County Jackson

Registration District No. 398

Township Blue

Primary Registration District No. 3019

City Independence

No. Independence Sanitarium

File No. _____

Registered No. 19

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____

(Usual place of abode)

Length of residence in city or town where death occurred

yr.

mos.

ds.

How long in U.S., if of foreign birth?

yr.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Married

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Anna Novak

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

Nov. 15-1892

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, _____ hrs. or _____ min.

36

1

27

8. OCCUPATION OF DECEASED

(A) Trade, profession, or particular kind of work

Fireman

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

Standard Oil Co

(c) Name of employer

Suggs Brook

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Frankfurt

10. NAME OF FATHER

John Novak

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Frankfurt

12. MAIDEN NAME OF MOTHER

Anna Grapka

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Frankfurt

14.

INFORMANT

(Address)

Anna Novak

Independence

15.

Filed

1-18, 1929

W. L. Cook

REGISTER

MEDICAL CERTIFICATE OF DEATH

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

Jan. 12-1929

17.

I HEREBY CERTIFY That I attended deceased from Dec 28, 1928, to Jan 12, 1929. that I last saw him alive on Jan 7, 1929, and that death occurred, on the date stated above, at 11:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bronchial pneumonia

IIA

107A

(duration) _____ yrs. _____ mos. 4 ds.

CONTRIBUTORY (SECONDARY)

Influenza

(duration) _____ yrs. _____ mos. 14 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS

Physical examination

(Signed) _____

J. H. Kee, M. D.

1153th, Independence 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

DATE OF BURIAL

St. Marys Cem

1-15 1929

20. UNDERTAKER

C. L. Carson

ADDRESS

Independence

N. R.—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.

THIS IS A PERMANENT RECORD

1929

176

3

3

3

