

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

Do not use this space.

17292

1. PLACE OF DEATH

County Buchanan
Township _____
City St. Joseph (No. 822 South 19th Street.)

Registration District No. 85
Primary Registration District No. 1001

File No. _____
Registered No. 590
St. _____ Ward _____

2. FULL NAME Vincent Wilezol.

(a) Residence. No. 822 South 19th Street. St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if of foreign birth? 46 yrs. mos. ds. (If nonresident, give city or town and State)

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 Margaret Wilezol.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 17, 1859.

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	69	10	19	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired Laborer.
(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) Germany.

PARENTS	10. NAME OF FATHER <u>Barton Wilezol.</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Unknown.</u> (STATE OR COUNTRY) <u>Germany.</u>
	12. MAIDEN NAME OF MOTHER <u>Katherine Tebura</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Unknown</u> (STATE OR COUNTRY) <u>Germany</u>

14. INFORMANT Margaret Wilezol
(Address) 822 South 19th Street

15. FILED 6 1929
John E. [Signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 6, 1929

17. I HEREBY CERTIFY, That I attended deceased from May 2, 1929, to May 6, 1929, that I last saw him alive on May 2, 1929, and that death occurred, on the date stated above, at 5:20 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Arterio-Sclerosis
12 2 13
97 91 B (duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Great Infection (duration) 4 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

0 DID AN OPERATION PRECEDE DEATH? No DATE OF _____
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) Gordon D. Wright, M. D.
5/6, 1929 (Address) 845 So. 19. N. Cor. 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 <u>Mt Olivet Cemetery</u>	DATE OF BURIAL <u>May 8 1929</u>
---	-------------------------------------

20. UNDERTAKER <u>H. Sidenfaden</u>	ADDRESS <u>1802 Union St.</u>
--	----------------------------------

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.

JUN 24 1929

