

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

Do not use this space

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PLACE OF DEATH
County Jackson Registration District No. 398
Township Blue Primary Registration District No. 5554
City Sugar Creek (No.) St. Ward

2. FULL NAME Joseph Straka
(a) Residence, No. Burton Street St. Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 22-1881

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>47</u>	<u>5</u>	<u>22</u>	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Statesman
(b) General nature of industry, business, or establishment in which employed (or employer) Standard Oil Co
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Becky
(STATE OR COUNTRY) Slovakia

PARENTS

10. NAME OF FATHER John Slovokia

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Becky
(STATE OR COUNTRY) Slovakia

12. MAIDEN NAME OF MOTHER Mary Sula

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

14. INFORMANT Jessie Straka
(Address) Burton St. Sugar Creek

15. FILED 5-17-1929 F. L. Cook REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5-14-1929

17. I HEREBY CERTIFY That I attended deceased from 5-7, 1929, to 5-14, 1929
that I last saw h. alive on 19....., and that death occurred, on the date stated above, at 10:30 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pyloric Obstruction Stomach.
117A Deissis -
118C Ruby dremia
69A (duration) yrs. mos. ds.

CONTRIBUTORY Peptic Ulcers
(SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTACTED
IF NOT AT PLACE OF DEATH.....
1110 W

1. DID AN OPERATION PRECEDE DEATH? yes DATE OF Feb. 2, 1929
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Leuk
(Signed) Phillmer M. D.
5-17, 1929 (Address) 12307 Judyp Ave Illinois

*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 St. Marys Cem DATE OF BURIAL 5-17-1929

20. UNDERTAKER Collins & Son ADDRESS Judyp Ave

MARON RESERVED FOR BINDING.

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.

V. S. NO. 2.

