

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

Do not use this space.

36351

1. PLACE OF DEATH

County Ruchanan
Township _____
City St. Joseph

85
Registration District No. _____
Primary Registration District No. 1001
(No. 907 south 23 street)

File No. _____
Registered No. 1268
St. _____ Ward _____

2. FULL NAME John Hrubi

(a) Residence, No. 907 south 23 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. ds. 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 (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Hrubi

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 24, 1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
75 4 8

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Blacksmith
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer St Joseph & G.I. R R

9. BIRTHPLACE (CITY OR TOWN) Posen
(STATE OR COUNTRY) Germany

10. NAME OF FATHER Unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Unknown
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Unknown

14. INFORMANT Mrs Mary Hrubi
(Address) 907 south 23 street- St Joseph

15. FILED 4 1929 John G. [Signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) November 2 19 29

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw h. in alive on _____, 19____, and that death occurred, on the date stated above, at 5/15 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Apoplexy

CONTRIBUTORY (SECONDARY) Arterio Sclerosis
(duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED _____ (duration) 5 yrs. _____ mos. _____ ds.

IF NOT AT PLACE OF DEATH _____

8 DID AN OPERATION PRECEDE DEATH? DATE OF _____
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS History
(Signed) B.W. Tadlock Coroner, M. D.

Nov. 2 19 29 (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 Mt. Olivet Cemetery DATE OF BURIAL Nov. 4 1929

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

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. **WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD**

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