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.

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

Do not use this space.

8893

1. PLACE OF DEATH

County Buchanan. Registration District No. 85

Township Primary Registration District No. 1001

City St. Joseph (No. 816 Pacific street St. Ward)

File No. 322

Registered No.

2. FULL NAME Edward Hruska

(a) Residence. No. 816 Pacific 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ida Bell Hruska

6. DATE OF BIRTH (MONTH, DAY AND YEAR) January 22, 1886

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
45	2	2	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Carpenter 29

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

(c) Name of employer Grand Island Rail Road

9. BIRTHPLACE (CITY OR TOWN) St. Joseph
(STATE OR COUNTRY) Missouri 1

PARENTS

10. NAME OF FATHER Frank Hruska

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Bohemia 7

12. MAIDEN NAME OF MOTHER Stacia Adamack

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

14. INFORMANT Mrs Ida Bell Hruska
(Address) 816 Pacific St.-St. Joseph Mo.

15. FILED MAR 26 1931, 19 John K Bender REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 24 19 31

17. I HEREBY CERTIFY, That I ~~attended deceased from~~ viewed remains, 19, to, 19, that I last saw h alive on, 19, and that death occurred, on the date stated above, at 2:15 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Suicide by Hanging at 816 Pacific

165

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) none

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? History

(Signed) B. W. Tadlock Coroner, M. D.

Mar. 25, 19 31 (Address) 821 Francis

*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
Ashland Cemetery	March 21 19 31
20. UNDERTAKER H. O. Sidenfaden	ADDRESS 1802 Union st.