

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.

NOV 28 1933

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

Do not use this space.

36909

1. PLACE OF DEATH 85
 County Buchanan Registration District No. _____
 Township St. Joseph, Primary Registration District No. 1001
 City St. Joseph, (No. 215 Ohio) St. _____ Ward _____
 2. FULL NAME Frank Lawniczak
 (a) Residence, No. 215 Ohio St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S., if of foreign birth? 51 yrs. mos. ds.

File No. _____
 Registered No. 1139
 St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Frances Lawniczak</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 3, 1855</u>		
7. AGE	YEARS 78	MONTHS 1
	DAYS 5	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General	
	10. Date deceased last worked at this occupation (month and year) <u>NOV. 1931</u>	11. Total time (years) spent in this occupation 50
MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown, Germany,</u>	
	13. NAME <u>Unknown,</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown,</u>	
	15. MAIDEN NAME <u>Unknown,</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown,</u>	
	17. INFORMANT (ADDRESS) <u>Mrs. Nicholas Lawniczak, 215 Ohio Street,</u>	
FATHER	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mt. Olivet cem.</u> DATE <u>Nov. 12th, 1931</u>	
	19. UNDERTAKES (ADDRESS) <u>Hester Beale Bowman, 319 S. 10th St., Funeral Home</u>	
20. FILED <u>NOV 10 1933</u> <u>John B. Bender, Registrar.</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 10th, 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov 9, 1931, to Nov 10, 1931
 I last saw him alive on Nov 9, 1931 Death is said to have occurred on the date stated above, at 3:15 a. m.
 The principal cause of death and related causes of importance were as follows:
Stroke
 Date of onset Nov 8, 1931

108
 108

Other contributory causes of importance:
none

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) John J. Brown, M. D.
 (Address) St. Joseph, Mo.

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