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 1931

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

Do not use this space.

33926

85

File No.

Registered No. 1756

1. PLACE OF DEATH

County Buchanan — Registration District No.

Township — Primary Registration District No. 1001

City St Joseph — (No. St Joseph Hospital St. Ward)

2. FULL NAME Joseph Wasloff Janiak

(a) Residence, No. 821 south 18 St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S., if of foreign birth? 61 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: Josephine K Janiak

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 5, 1861

7. AGE — Years: 70 — Months: 8 — Days: 11 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Water tender

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Elec. Power Plant.

10. Date deceased last worked at this occupation (month and year): Sept. 4. 1931

11. Total time (years) spent in this occupation: 38. Yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Germany

FATHER

13. NAME: Andrew Janiak

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Germany

MOTHER

15. MAIDEN NAME: Marie Krieger

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Germany

17. INFORMANT (ADDRESS): Josephine Janiak 821 South 18 Street

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Olivet Cemetery DATE Nov. 19, 1931

19. UNDERTAKER (ADDRESS): H. O. Sidenfader 1802 Union Street St Joseph Mo

20. FILED 11-17, 1931 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): November 16, 1931

22. I HEREBY CERTIFY, That I attended deceased from 9/4, 1931, to Nov 16, 1931

I last saw him alive on Nov 15, 1931. Death is said to have occurred on the date stated above, at 4:15 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Pancreas	
46F	
46	

Other contributory causes of importance:

Name of operation: Exploratory — Date of: Nov 14-31

What test confirmed diagnosis? Path. exam. Was there an autopsy? No

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) H H Wallace, M. D.

(Address) 3014 S 8th St Joseph Mo