

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

Do not use this space.

439

1. PLACE OF DEATH  
 20 County Cedar Registration District No. 163  
 Township Box Primary Registration District No. 5228  
 City (No. ) St. ( ) Ward ( )

2. FULL NAME John J. Warofa  
 (a) Residence, No. St. Ward.  
 (Usual place of abode)  
 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. (If nonresident, give city or town and State)

**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 \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) about 1849  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
about 83 — — —

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oldes Pisek Czechoslovakia ?

FATHER  
 13. NAME Menzel Warofa

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oldes Pisek Czechoslovakia

MOTHER  
 15. MAIDEN NAME Don't know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) IN 31

17. INFORMANT Jed Warofa  
 (ADDRESS) Woroda Springs mo

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Wright Cem DATE Jan 13 1932

19. UNDERTAKER Chas. Napus  
 (ADDRESS) Woroda Springs mo

20. FILED Jan 11 1932 J. W. Dawson  
 Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 11 1932

22. I HEREBY CERTIFY, That I attended deceased from April 22 1931 to Jan 11 1932  
 I last saw him alive on Jan 11 1932. Death is said to have occurred on the date stated above, at 12:15 p.m.  
 The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage  
82A 82A  
 Other contributory causes of importance:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis? Clinical Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? no 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 \_\_\_\_\_ 1

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) J. W. Dawson, M. D.  
 (Address) Woroda Spgs mo

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.

FEB 23 1932

