

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.

15351

1. PLACE OF DEATH

County... Buchanan
Township.....
City... Buchanan

Registration District No.....
Primary Registration District No.....
(No. 2625 Ashland Ave.

85

1001

File No.....
Registered No. 475
St. Ward)

2. FULL NAME Thomas Zawacki

(a) Residence, No. 2625 Ashland Ave. St. Ward.
(Usual place of abode)
Length of residence in city or town where death occurred 61 yrs. mos. ds. How long in U. S., if of foreign birth? 61 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 (<i>write the word</i>) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF <u>Agnes Zawacki</u> (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 4, 1866</u>		
7. AGE 66	YEARS 2	MONTHS 8
If LESS than 1 day, hrs. or min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>
	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) <u>West Prussia</u> (STATE OR COUNTRY) <u>Germany</u>
--

13. NAME <u>Thomas Zawacki</u>

14. BIRTHPLACE (CITY OR TOWN) <u>Unknown</u> (STATE OR COUNTRY) <u>Poland</u>
--

15. MAIDEN NAME <u>Constance Brook</u>
--

16. BIRTHPLACE (CITY OR TOWN) <u>Unknown</u> (STATE OR COUNTRY) <u>Poland</u>
--

17. INFORMANT <u>Mrs Agnes Zawacki</u> (ADDRESS) <u>2625 Ashland Ave St Joseph Mo.</u>

18. BURIAL, CREMATION, OR REMOVAL <u>Mt Olivet Cemetery</u> PLACE <u>St Joseph Mo.</u> DATE <u>May 14</u> 19 <u>32</u>

19. UNDERTAKER <u>W. O. Sudentaden</u> (ADDRESS) <u>1802 Union St St Joseph Mo.</u>
--

20. <u>MAY 12 1932</u> 19 <u>32</u> <u>John M. Kander</u> Registrar.
--

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 12 19 32

22. I HEREBY CERTIFY, That I attended deceased from May 12 19 32 to May 12 19 32
I last saw h. in alive on May 12 19 32 Death is said to have occurred on the date stated above, at 9:45P.m.
The principal cause of death and related causes of importance were as follows:

Coronary Obstruction Date of onset May 12 1932

Other contributory causes of importance: due to 9410

Arteriosclerosis

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

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? Yes
If so, specify.....

(Signed) John M. Kander M. D.
(Address) St Joseph Mo

