

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

Do not use this space.

15366

1. PLACE OF DEATH

County Buchanan Registration District No. 85
Township _____ Primary Registration District No. 1001
City St. Joseph (No. 2919 Olive street) St. _____ Ward _____

File No. _____
Registered No. 491 St. _____ Ward _____

2. FULL NAME John Serocki

(a) Residence, No. 2919 Olive 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 43 yrs. mos. ds. How long in U. S., if of foreign birth? 43 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 Frances J Serocki | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 18, 1873 | | |
| 7. AGE 59 | YEARS | MONTHS 1 |
| | DAYS 28 | If LESS than 1 day, _____ hrs. or _____ min. |

| | |
|------------|---|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spliner, sawyer, bookkeeper, etc. <u>Inst. Cutter</u> |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>148</u> |
| | 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____ |

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

MOTHER / FATHER 13. NAME Alexander Serocki

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

MOTHER / FATHER 15. MAIDEN NAME Frances Golden

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

17. INFORMANT Mrs. Frances Serocki (ADDRESS) 2919 Olive st St. Joseph Missouri

18. BURIAL, CREMATION, OR REMOVAL Mt. Olivet Cemetery PLACE St. Joseph Mo. DATE May 18 19. 32

19. UNDERTAKER H. O. Sidenfaden (ADDRESS) 1802 Union st St. Joseph Missouri

20. FILED 17 1932 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 16 19 32

22. I HEREBY CERTIFY, That I attended deceased from Feb 22 1931, to May 16 1932

I last saw h. im alive on 5-16 1932 Death is said to have occurred on the date stated above, at 10:40Pm.

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

131
Chr. Rheumatic
nephritis
arteriosclerosis
Other contributory causes of importance:
Nephritis Chr. 131
arteriosclerosis

Date of onset
unknown
unknown
unknown

Name of operation _____ Date of _____
What test confirmed diagnosis? Chrom 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) [Signature] M.D.
(Address) 212 Westfall St. Phila

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.

WRITE PEANUTTY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

4428

JUN 21 1932

