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.

AUG 27 1932

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

Do not use this space.

1. PLACE OF DEATH

9 County St. Charles — Registration District No. 757 — File No. 23836

4 Township ~~St. Charles~~ — Primary Registration District No. 3086 — Registered No. 113

8 City St. Charles (No. St. Joseph Hospital St. ..... Ward)

2. FULL NAME Joseph Olah

(a) Residence, No. 2020 W. Clay St. St., ... Ward. Hammond La
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: —

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug 14, 1915

7. AGE: Years 16 — Months 11 — Days 6 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer 2
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Harvest Field
10. Date deceased last worked at this occupation (month and year): July 15, 1932
11. Total time (years) spent in this occupation: 2/10

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): East St. Louis, Illinois 2

FATHER

13. NAME: James Olah
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Hungaria 1

MOTHER

15. MAIDEN NAME: Sophia Toth
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Hungaria

17. INFORMANT (ADDRESS): Elizabeth Olah, 1631 S. 4th St. St. Charles, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: St. John's Cem. DATE: July 22nd, 1932

19. UNDERTAKER (ADDRESS): Steinbrinker's, St. Charles, Mo

20. FILED 7/22, 1932 Hy. G. Bloebaum, Registrar.

MEDICAL CERTIFICATE OF DEATH

1

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 30, 1932

22. I HEREBY CERTIFY, That I attended deceased from Heed Ingram, 19.....

I last saw h..... alive on July 21, 1932. Death is said to have occurred on the date stated above, at 7:30 a.m.

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

Accidental due to injuries he received while ~~[illegible]~~ attempting to climb on a mining truck on H. W. #40

Other contributory causes of importance: In St. Charles, Mo

Date of onset: 2 11

(5)

210

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide: Accident Date of injury 7/18, 1932

Where did injury occur? St. Charles Mo. on H. W. #40 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public H. W.

Manner of injury: Caught between wheel & body of truck

Nature of injury: .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) F. E. Beedang Cowan, M. D.

(Address) St. Charles Mo