61

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

Do not use this space.

85

31544

1. PLACE OF DEATH
County: Buchanan
Township:
City: St Joseph (No. State Hospital #2. St. Ward)
Registration District No.
Primary Registration District No. 1001
File No.
Registered No. 1045

2. FULL NAME John Nowak
(a) Residence, No. ~~Kansas City Mo~~ St., Ward. Kansas City Mo
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 20 yrs. 6 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

NOV 21 1932

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 PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: unk
6. DATE OF BIRTH (MONTH, DAY, AND YEAR):
7. AGE: Years 68 Months Unknown Days If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Unknown
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): Poland Switzerland

FATHER
13. NAME: Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Unknown

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Unknown

17. INFORMANT (ADDRESS): Col J. C. Greenman Kansas City Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE State Hospital Cem DATE Nov. 2, 1932
19. UNDERTAKER (ADDRESS): Walter Meuschke 1302 Faraon St. St. Joseph, Mo.
20. FILED 11-2-32 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

2

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct 31st 1932
22. I HEREBY CERTIFY, That I attended deceased from April 27th 1932 to Oct 31st 1932
I last saw him alive on Oct 30 1932. Death is said to have occurred on the date stated above, at 6:25 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
131	
9	
131	

Other contributory causes of importance:
Chronic nephritis.

Name of operation: Date of:
What test confirmed diagnosis? 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) J. R. Burch, M. D.
(Address) State Hosp. #2