

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

Do not use this space. 2

33533

1. PLACE OF DEATH
 48 County Jackson Registration District No. 398
 Town Bluff Primary Registration District No. 3954
 City Sugar Creek (No. Standard Oil Co in Sugar Creek road) Registered No. 419

2. FULL NAME Peter Oreski
 (a) Residence, No. 1140 1/2 Kentucky 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 Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 15 1926
 7. AGE YEARS MONTH DAYS If LESS than 1 day, _____ hrs. or _____ min.
56 9 15
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labo 176
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Standard Oil Co
 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) Unknown Yugoslavia
 MOTHER 13. NAME Unknown
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Yugoslavia
 15. MAIDEN NAME Unknown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Yugoslavia
 17. INFORMANT (ADDRESS) Employment Manager
Standard Oil Co Sugar Creek
 18. BURIAL, CREMATION, OR REMOVAL PLACE Hyland Park Cem DATE Jan 2nd 1932
 19. UNDERTAKER (ADDRESS) Carson Funeral Home
Indef. address
 20. FILED Dec 31 1932 Dr. F. L. Cook
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 30 1932
 22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.
 I last saw him alive on Dec 29, 19____. Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:
Asphyxiation
Dist. in teacher
 Date of onset 3
 Other contributory causes of importance:
Unknown
 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 Dec 30, 1932
 Where did injury occur Sugar Creek (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. Standard Oil Co Sugar Creek Mo.
 Manner of injury slipped in soft mud
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) Wm. F. Talbot, M. D.
 (Address) Rt 3 - Free Summit 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.

JAN 24 1935

