

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

Do not use this space.

1. PLACE OF DEATH
 47 County C. Monroe Co. Registration District No. 392 File No. 1217
 Township Argadie Primary Registration District No. 5546B Registered No. 1
 City Shronton Mo (No. _____) St. _____ Ward _____
 near Pilot Knob
 2. FULL NAME Marifan Kovachish
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 12 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) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anna Kovachuck
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 13, 1917
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
61 3 2
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own farm
 10. Date deceased last worked at this occupation (month and year) Sept 1933 11. Total time (years) spent in this occupation 12 yrs
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
 MOTHER 13. NAME Eugene Kovachish
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jugo Slavia
 15. MAIDEN NAME Tomiala Kirchner
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jugo Slavia
 17. INFORMANT Mrs Anna Kovachish
 (ADDRESS) Pilot Knob, Mo
 18. BURIAL, CREMATION, OR REMOVAL buried DATE Jan 18, 1933
Pilot Knob Catholic Church
 19. UNDERTAKER Amelby Willy and Co.
 (ADDRESS) Shronton Mo. Pilot Knob
 20. FILED Jan 17, 1933 L. J. Effinger
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 15, 1933
 22. I HEREBY CERTIFY That I attended deceased from about Jan 1932 to Jan 15, 1933
 I last saw him alive on Jan 15, 1933. Death is said to have occurred on the date stated above, at 8:30 P.M.
 The principal cause of death and related causes of importance were as follows:
myocarditis Date of onset Jan-32
930 73/10
 Other contributory causes of importance:
 Name of operation none Date of _____
 What test confirmed diagnosis? none 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. H. Martin, M. D.
 (Address) Shronton, Mo.

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.

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