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

Do not use this space.

File No. 8138

Registered No.

97

1. PLACE OF DEATH
County Saline
Township Blackwater
City (No. , St. Ward)

Registration District No. 798
Primary Registration District No. 6042

2. FULL NAME Ollie Alvin Croka

(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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Effie Croka

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 29, 1878

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	9	24	

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. ✓
10. Date deceased last worked at this occupation (month and year) ✓ 11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (CITY OR TOWN) Howard Co.
(STATE OR COUNTRY) Mo.

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

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

17. INFORMANT Mrs Effie Croka
(ADDRESS) Nelsolia Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Heaths Creek Cem DATE Feb. 24 1933

19. UNDERTAKER R. W. Campbell
(ADDRESS) Marshall, Mo.

20. FILED 2/25 1933 Mrs Hall Williams
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 23 1933

22. I HEREBY CERTIFY, That I attended deceased from 1-5 1933, to Feb 23 1933
I last saw him alive on 1-12 1933. Death is said to have occurred on the date stated above, at 2:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Ascending Paralysis	1-5/33

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Clinical 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) Robert L. Dwyer, M. D.
(Address) Marshall, 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.

APR 14 1948