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.

APR 21 1933

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

Do not use this space.

8518

1. PLACE OF DEATH
County Boone — Registration District No. 74 — File No.
Township Rocky Fork — Primary Registration District No. 5113 — Registered No. 4
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Andrew A. Kanatzar
(a) Residence. No. 312 N. 8th St. ..... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode) Columbia Mo.
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: 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: Ruby Kanatzar

6. DATE OF BIRTH (MONTH, DAY AND YEAR): MAY 18 1883

7. AGE: Years 49 — Months 9 — Days 21 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Coal Miner
(b) General nature of industry, business, or establishment in which employed (or employer): Mining Coal
(c) Name of employer: Self

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Boone County Mo.

PARENTS
10. NAME OF FATHER: Thomas Kanatzar
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Kentucky
12. MAIDEN NAME OF MOTHER: Louise Brakebitt
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

14. INFORMANT: Aucil Kanatzar
(Address) Columbia Mo

15. FILED 3/15/1933 Mrs F. L. Faucett REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 3 — 9 — 1933

17. I HEREBY CERTIFY, That I attended deceased from Mch 9th, 1933, to ....., 19.... that I last saw h. X alive on X, 19 X and that death occurred, on the date stated above, at 1:00 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Falling rock in Coal mine - Head crushed - Accidental.
2 D 1 E (duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (SECONDARY) 1 D 1 X
X (duration) X yrs. X mos. X ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH X
DID AN OPERATION PRECEDE DEATH? No DATE OF X
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) E. G. Davis, Coroner ~~M.D.~~
3-9-1933 (Address) Columbia Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, ~~CREMATION, OR REMOVAL~~: Memorial Park Cem. — DATE OF BURIAL: Mar 12 1933

20. UNDERTAKER: [signature] — ADDRESS: Columbia