

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 22 1933

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

Do not use this space.

9416

1. PLACE OF DEATH
County Jackson Registration District No. 398
Township Blue Primary Registration District No. 5554
City Sugar Creek (No.) St. Ward (No.)

2. FULL NAME Mike Dohy
(a) Residence, No. 1412 Burt St. 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 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 Dohy

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 16 - 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 7 10

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 15 Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 9 Oil Refinery

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 9 1/2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 14 Hungary

13. NAME 14 Mike Dohy

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 14 Hungary

15. MAIDEN NAME 14 Teracia Dohy

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 14 Hungary

17. INFORMANT 14 Mrs. Maria Rengel
(ADDRESS) 1412 Burt St. Sugar Creek

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Marys Ind. DATE March 31 1933

19. UNDERTAKER O. E. Mitchell
(ADDRESS) 310 N. Main St. Independence Mo.

20. FILED 4-1- 19 33 70 Carl
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/29 1933

22. I HEREBY CERTIFY, That I attended deceased from 3/10, 19 33, to 3/29, 19 33

I last saw h. alive on 5/29, 19 33 Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

1 Coronary Sclerosis
2 Chronic Myocarditis
3 Chronic Nephritis
131
arterial Sclerosis

Other contributory causes of importance: 131

Name of operation Date of
What test confirmed diagnosis? Cholesterol 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?
If so, specify
(Signed) M. Hillman
(Address) 10307 Indep Ave Kenna Mo

