

JUL 21 1933

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

Do not use this space.

19396

1. PLACE OF DEATH

37 County Des Moines
Township Canon
City Canon (No.)

Registration District No. 306
Primary Registration District No. 5H22

File No.
Registered No. 18 St. Ward

2. FULL NAME

(a) Residence, No. 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 (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Willcheck
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 2 - 1863
7. AGE YEARS 70 MONTHS 2 DAYS 0 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming
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) (STATE OR COUNTRY) Bohemia

13. NAME John Willcheck

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

15. MAIDEN NAME (not known)

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bohemia

17. INFORMANT John Willcheck (ADDRESS) Quensville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Quensville, Mo DATE June 5 1933

19. UNDERTAKER W.F. Gottenstrichter (ADDRESS) Quensville Mo

20. FILED 6-10 1933 J. J. Ferrell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 2, 1933

22. I HEREBY CERTIFY That I attended deceased from April 30 1933, to June 2 1933

I last saw him alive on June 1 1933 Death is said to have occurred on the date stated above, at 9:00 A.M.

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

Influenza
11B
11B
Other contributory causes of importance: Dyspepsia

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

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) J. J. Ferrell M. D.

(Address) Quensville, Mo

