

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

Do not use this space.

**23032**

**1. PLACE OF DEATH**

418 County Jackson  
Township Blue  
City Sugar Creek, Mo.

Registration District No. 398  
Primary Registration District No. 5554  
St. Benton St. Ward

File No. \_\_\_\_\_  
Registered No. 294

**2. FULL NAME**

(a) Residence No. Jean Cholak 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 <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Single</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 24, 1933</u>		
7. AGE	YEARS <u>0</u>	MONTHS <u>1</u>
	DAYS <u>17</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Child</u>	
	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) <u>Sugar Creek, Missouri</u>		
FATHER	13. NAME <u>Mike Cholak</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>East Pittsburg, Pennsylvania</u>	
MOTHER	15. MAIDEN NAME <u>Anna Toth</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u>	
17. INFORMANT (ADDRESS) <u>Mike Cholak, Sugar Creek, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Mary's Cem.</u> DATE <u>July 13, 1933</u>		
19. UNDERTAKER (ADDRESS) <u>Benton Funeral Home, Independence, Mo.</u>		
20. FILED <u>July 15, 1933</u> <u>J. L. Cook</u> Registrar.		

**2 MEDICAL CERTIFICATE OF DEATH**

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21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 11, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 24, 1933, to 7/11, 1933.  
I last saw him alive on 7/11, 1933. Death is said to have occurred on the date stated above, at 10 a.m.  
The principal cause of death and related causes of importance were as follows:  
Congenital Hypertrophied Heart Date of onset  
Thymus  
1570  
67  
1570

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? X Rays 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) Dr. W. M. D.  
(Address) 10302 Andy Ann Road

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.

WRITE WITH UNFADING INK—THIS IS A PERMANENT RECORD

AUG 20 1933

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