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

Do not use this space.

25471

File No. .....
Registered No. 3

1. PLACE OF DEATH
County Washington
Township Johnson
City ..... (No. ....., ... St. ..... Ward)
Registration District No. 1103
Primary Registration District No. 6186

2. FULL NAME Adolph Yurcik.
(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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 30, 1915
7. AGE: Years 17 | Months 8 | Days 8 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 18
10. Date deceased last worked at this occupation (month and year) 11
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

FATHER
13. NAME John Yurcik
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bohemia

MOTHER
15. MAIDEN NAME Emily Katinek.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bohemia.

17. INFORMANT (ADDRESS) Emily Katinek 1208 Morrison Ave.
18. BURIAL, CREMATION, OR REMOVAL
PLACE New Picker DATE July 26, 1933
19. UNDERTAKER (ADDRESS) Moydell Wheeler Co 1926 Olive St. St. Louis Mo
20. FILED 8-1, 1933 Theo O Harmon Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 23, 1933
22. I HEREBY CERTIFY That I attended deceased from July 23-12:30 P.M., 1933, to July 23-2:30 P.M., 1933
I last saw him alive on July 23, 1933 Death is said to have occurred on the date stated above, at 2:30 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental Homicide at the hands of one Henry Harper while Hunting with in the woods while Hunting	7-23-33
Other contributory causes of importance: Duration of 2 hours Death due to Hemorrhage of right lung	1 hr

Name of operation none Date of
What test confirmed diagnosis? autopsy Was there an autopsy? yes.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Homicide Date of injury 7-23, 1933
Where did injury occur? In Woods in Johnson Twp. Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. While hunting in woods.
Manner of injury Gun Shot wound
Nature of injury Hemorrhage of right lung
24. Was disease or injury in any way related to occupation of deceased? no.
If so, specify .....
(Signed) James P. Durrigan M. D.
(Address) Sullivan Mo