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

Do not use this space.

File No. 32133
Registered No. 48

1. PLACE OF DEATH
County: Barry
Township: Cappo Creek
City: ..... (No. ..... St. ..... Ward)
Registration District No. 30
Primary Registration District No. 5041

2. FULL NAME: John Cerniski.
(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): Widowed.

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Catherine Cerniski

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Not known. 1827.

7. AGE: Years 106 | Months Not known. | Days | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired
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) Poland.

FATHER
13. NAME Cerniski
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poland,

MOTHER
15. MAIDEN NAME Not known.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poland.

17. INFORMANT (ADDRESS) Frank Babski. Monett, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Pulaski Hill DATE Oct. 7, 1933

19. UNDERTAKER (ADDRESS) Blankenship Purdy, Mo.

20. FILED 11-3-, 1933 W. M. West Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 5, 1933.

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

Senilitis of old age — Hemi-sem hem for 3 years. Sent medicine out by family.

Date of onset

Other contributory causes of importance:
Fell on lumps.
PMH
Not

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) B. B. Kelly, M. D.
(Address) Purdy, Mo.

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 PLAINLY—WITH UNFADING INK—THIS IS A PERMANENT RECORD

NOV 10 1933