

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

Do not use this space.

85

243

1. PLACE OF DEATH

County Buchanan Registration District No. _____
Township _____ Primary Registration District No. 7001
City St. Joseph (No. St. Joseph Hospital) St. _____ Ward _____

File No. _____
Registered No. 51
St. _____ Ward _____

2. FULL NAME John A. Viosky

(a) Residence, No. 120 Ohio street St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S., if of foreign birth? 50 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 Katherine M. Viosky (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 8, 1860

| | | | | |
|--------|-----------|----------|----------|--|
| 7. AGE | YEARS | MONTHS | DAYS | IF LESS than 1 day,hrs. ormin. |
| | <u>73</u> | <u>3</u> | <u>4</u> | |

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

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) Unknown (STATE OR COUNTRY) Poland

13. NAME John Viosky

14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Poland

15. MAIDEN NAME Anna Krochman

16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Poland

17. INFORMANT Mrs Anna Makawski (ADDRESS) 730 Harman St. St. Joseph Mo

18. BURIAL, CREMATION, OR REMOVAL Mt. Olivet Cemetery PLACE St. Joseph Mo. DATE Jan. 16, 1934

19. UNDERTAKER H. O. Tidemander (ADDRESS) 1802 Union st St Joseph Mo.

20. FILED 1-15-, 1934 John K. Bender Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 12, 1934

22. I HEREBY CERTIFY That I attended deceased from Jan 6, 1934, to Jan 12, 1934.
I last saw him alive on Jan 12, 1934. Death is said to have occurred on the date stated above, at 1:45 p. m.

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

Broncho-pneumonia Jan 6/34
59
59
107
Other contributory causes of importance: Diabetes mel.

Name of operation none Date of _____
What test confirmed diagnosis? Chi. Sol. 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? no
If so, specify _____
(Signed) Frank W. Carleton, M. D.
(Address) Five palmer bluff

WITH UNFADING INK---THIS IS A PERMANENT RECORD

8-27-1934

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.

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