

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.

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

Do not use this space.

MAR 24 1934

1. PLACE OF DEATH

County Buchanan Registration District No.
Township Primary Registration District No.
City St. Joseph, (No. 709 South 21st Street

File No. 4073
Registered No. 240
St. Ward

2. FULL NAME Frank Zvolanek

(a) Residence, No. 709 South 21st Street St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)		
Male	White	Widower		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Zvolanek.				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 1, 1850				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	84	1	26	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Taylor.			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. For Himself.			
	10. Date deceased last worked at this occupation (month and year) 1928.			
11. Total time (years) spent in this occupation 35Yrs				
12. BIRTHPLACE (CITY OR TOWN) Austria. (STATE OR COUNTRY) Hungary.				
FATHER	13. NAME Unknown.			
	14. BIRTHPLACE (CITY OR TOWN) Unknown. (STATE OR COUNTRY) Unknown.			
MOTHER	15. MAIDEN NAME Unknown.			
	16. BIRTHPLACE (CITY OR TOWN) Unknown. (STATE OR COUNTRY) Unknown.			
17. INFORMANT Mrs Ann Anderson. (ADDRESS) 709 South 21st Street.				
18. BURIAL, CREMATION, OR REMOVAL PLACE Ashland Cemetery DATE March 1 1934				
19. UNDERTAKER H.O. Sidenfaden. (ADDRESS) 1802 Union Street.				
20. FILED 2-25-1934 John R. Bender Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 27th 1934
Viewed On Feb. 27 1934 to 1934
I HEREBY CERTIFY, That I attended deceased from Feb. 27 1934 to 1934
I last saw h. alive on 1934 Death is said to have occurred on the date stated above, at 6 A.M.
The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage
Arteria Sclerotic
Other contributory causes of importance:
Name of operation none Date of none
What test confirmed diagnosis? Clin. Hst. Was there an autopsy? no
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury none
Where did injury occur? none (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. none
Manner of injury none
Nature of injury none
24. Was disease or injury in any way related to occupation of deceased? no
If so, specify Janitor Thomas Coronel
(Signed) 781. Saron M. D.
(Address)

