

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

Do not use this space.

15804

1. PLACE OF DEATH

County Buchanan Registration District No. 85
 Township _____ Primary Registration District No. 100/
 City St. Joseph (No. 2416 Mitchell Ave.) St. _____ Ward _____

File No. _____
 Registered No. 555

2. FULL NAME John Murek

(a) Residence, No. 2416 Mitchell Ave. St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S., if of foreign birth? 52 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 Paulina Murek

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 22, 1847

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>86</u>	<u>02</u>	<u>10</u>	<u>17</u>	

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

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) 1914 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Germany

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Mrs. Martha Sonenberg (ADDRESS) 2416 Mitchell Ave St Joseph Mo.

18. BURIAL, CREMATION, OR REMOVAL Mt. Olivet Cemetery PLACE St Joseph Mo. DATE May 11, 1934

19. UNDERTAKER H. O. Sidenfaden (ADDRESS) St Joseph Missouri

20. FILED 5-10- 1934 John H. Bender Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 9, 1934

22. I HEREBY CERTIFY, That I viewed remains 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 7:55P m.

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

Hemorrhage of lungs
accidentally shot in lungs
five months previous
 Date of onset _____
 Other contributory causes of importance: no facts

Name of operation none Date of _____
 What test confirmed diagnosis? Chemical 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 _____, 19____
 Where did injury occur? none (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury non
 Nature of injury none

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify Joseph Ihorret Coronel
 (Signed) _____, M. D.
 (Address) 731 Jaaron

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. JUN 20 1934

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