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

Do not use this space.

File No. 15818
Registered No. 570

1. PLACE OF DEATH
County: Buchanan — Registration District No. 85
Township: — Primary Registration District No. 1001
City: St. Joseph (No. St. Joseph Hospital St. Ward)

2. FULL NAME: Josef Smigielski
(a) Residence, No. 504 Virginia 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 30 yrs. mos. ds. How long in U. S., if of foreign birth? 30 yrs. mos. ds.

JUN 20 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Anna Smigielski

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 12. 1881

7. AGE: Years 52 | Months 7 | Days 29 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retail Grocery
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Employer
10. Date deceased last worked at this occupation (month and year): April 1934
11. Total time (years) spent in this occupation: 24. Yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Poland

FATHER
13. NAME: Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Poland

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Poland

17. INFORMANT: Frances Smigielski
(ADDRESS) 504 Virginia Street

18. BURIAL, CREMATION, OR REMOVAL: Mount Olivet Cemt
PLACE St. Joseph, MO. DATE May. 14 34

19. UNDERTAKER: H. O. Sidenfaden
(ADDRESS) 1802 Union Street. St. Joseph, Mo.

20. FILED 5-13-1934 John R. Bender
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May. 11 1934

22. I HEREBY CERTIFY, That I attended deceased from April 2nd 1934, to May 11th 1934
I last saw h. l. m. alive on May 11 1934 Death is said to have occurred on the date stated above, at 11:30 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
89A Brain-Abscess	
89B	
78A	

Other contributory causes of importance: Suppuration of labyrinth - following chronic suppurative middle ear

Name of operation: Mastoidectomy Date of: April 17
What test confirmed diagnosis? Presence of pus 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) W. D. Winston M. D.
(Address) Corby Bldg. St. Joseph, Mo.