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.

SEP 13 1934

1. PLACE OF DEATH
County Cedar — Registration District No. 163 — File No. 28620
Township Box — Primary Registration District No. 5228 — Registered No. 52
City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Joseph Vascik
(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)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 11 - 1911
7. AGE: YEARS 22 — MONTHS 7 — DAYS 25 — If LESS than 1 day, ... hrs. or ..... min.

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

2 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chicago, Ill

FATHER
13. NAME Joseph Vascik
7 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cichoslovakia

MOTHER
15. MAIDEN NAME Anna Fratrich
7 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cichoslovakia

17. INFORMANT (ADDRESS) Mrs Anna Vascik, El Dorado Springs Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Virgil City DATE 8-8-1934
19. UNDERTAKER (ADDRESS) Nafus Funeral Home, El Dorado Springs Mo
20. FILED 8-8-1934 J W Dawson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 6, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1933, to Aug 6, 1934
I last saw him alive on Aug 6, 1934. Death is said to have occurred on the date stated above, at 12 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	
R 3A	
73	

Other contributory causes of importance:

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) W. P. Royston, M. D.
(Address) El Dorado Springs