

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

Do not use this space.

8426

1. PLACE OF DEATH

County Chautauq
Township Coe Run
City Hazden (No. _____)

Registration District No. 175
Primary Registration District No. 5247

File No. _____
Registered No. 13
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

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 Marek

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 14-1952

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
83 0 23

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

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) (STATE OR COUNTRY) Austria

13. NAME Andreas Marek

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

15. MAIDEN NAME unknown

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

17. INFORMANT Nat Marek (ADDRESS) Hazden Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Kelley Cemetery DATE 3/10

19. UNDERTAKER Winkelmeier Bros (ADDRESS) Salisbury Mo

20. FILED 3/13 1935 GW Hartman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 7, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 29, 1935, to March 7, 1935

I last saw him alive on March 5, 1935. Death is said to have occurred on the date stated above, at 3 P. m.

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

<u>Chronic Myocarditis</u>	Date of onset
<u>Arteriosclerotic Fibrosclerosis</u>	<u>?</u>
<u>Arterio-sclerosis</u>	<u>?</u>
<u>Chronic Prostatitis</u>	<u>?</u>

Other contributory causes of importance: 93C

Name of operation None Date of _____
What test confirmed diagnosis? clinical 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 _____, 1935

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) J. H. Adams, M. D.
(Address) Salisbury Mo

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.

