

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

Do not use this space.

AUG 23 1935

9595-a

1. PLACE OF DEATH  
County Jefferson Registration District No. 420  
Township Deoto Primary Registration District No. 3022  
City Deoto (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME August Peter Dolac  
(a) Residence, No. 611 5 3rd St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) \_\_\_\_\_ (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 7 yrs.  mos.  ds. How long in U. S., if of foreign birth?  yrs.  mos.  ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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 Elizabeth Dolac  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-16-1857  
7. AGE YEARS 77 MONTHS 3 DAYS 25 If LESS than 1 day, \_\_\_\_\_ hrs. \_\_\_\_\_ min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 11 1935  
22. I HEREBY CERTIFY, That I attended deceased from Feb 7 1935 to March 10 1935  
I last saw h. 117 alive on March 10 1935. Death is said to have occurred on the date stated above, at 117A m.  
The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc. Carpenter  
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) 1932 11. Total time (years) spent in this occupation 17

Myelogenous Leukemia  
Date of onset Jan 1935

Other contributory causes of importance:  
Debilitating the heart

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wilmington  
13. NAME August Dolac  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alsace Lorraine  
15. MAIDEN NAME Unkn  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Feilip Was there an autopsy? \_\_\_\_\_

17. INFORMANT (ADDRESS) Wm Dolac  
18. BURIAL, CREMATION, OR REMOVAL PLACE Wilmington DATE Mar 13 1935  
19. UNDERTAKER (ADDRESS) Daniel J. Maher  
20. FILED 3/13/35 1935 J. H. L. Registrar.

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? \_\_\_\_\_ (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) Quentin M. James M. D.  
(Address) 306 So Main St, Reliance

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.

