AUG 12 1935

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

Do not use this space.

22150

1. PLACE OF DEATH

County: Buchanan — Registration District No.: 85 — File No.:

Township: — Primary Registration District No.: 1001 — Registered No.: 699

City: St. Joseph, Mo. (No. 906 Sacramento St. Ward)

2. FULL NAME John Franklin Savacool

(a) Residence, No. 906 Sacramento 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mary E. Savacool

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 23, 1872

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
62	11	10	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: C.B.Q. R.R.

10. Date deceased last worked at this occupation (month and year): July 1935.

11. Total time (years) spent in this occupation: 35

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Sheridan Ia.

FATHER

13. NAME: Isaac Savacool

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

MOTHER

15. MAIDEN NAME: Unknown

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

17. INFORMANT (ADDRESS): Mary E. Savacool St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Scranton, Ia. DATE: 7/5/35, 19

19. UNDERTAKER (ADDRESS): FLEEMAN MORTUARY, INC.

20. FILED: 7-5-, 1935 — John R Bender, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 3, 1935

22. I HEREBY CERTIFY, That I attended deceased from about Sept, 1934, to 7-3, 1935.
I last saw him alive on 7-2, 1935. Death is said to have occurred on the date stated above, at 7:20 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis Acute	7-3/24
51	

Other contributory causes of importance:
Carcinoma of Prostate Malig.

Name of operation: Prostatectomy, Date of Oct. 19, 33
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, 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) C. S. Drauen, M. D.
(Address) 630 Francis

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.