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

Do not use this space.

22247

1. PLACE OF DEATH
County Buchanan — Registration District No. 85 — File No.
Township — Primary Registration District No. 1001 — Registered No. 845
City St. Joseph, (No. 605 Kentucky St. Ward)

2. FULL NAME Michal Trela
(a) Residence, No. 605 Kentucky St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? 25 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Frances Trela

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May.15.1893.

7. AGE: YEARS 42 — MONTHS 2 — DAYS 13 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Packinghouse Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Swift & Co
10. Date deceased last worked at this occupation (month and year): July.27.1935.
11. Total time (years) spent in this occupation: 20.Yrs

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

FATHER
13. NAME: John Trela
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Austria, Poland

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

17. INFORMANT (ADDRESS): Frances Trela, 605 Kentucky St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL: Mount Olivet Cemt
PLACE St. Joseph, Mo. DATE July.30 1935

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

20. FILED 7-29 1935 John R. Bender, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July.28. 1935

22. I HEREBY CERTIFY, That I ~~attended deceased from~~ Viewed On July 28. 1935 to ....., 19....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 8/30p.m
The principal cause of death and related causes of importance were as follows:

Excessive Heat — Date of onset

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Other contributory causes of importance:
no facts

Name of operation none — Date of
What test confirmed diagnosis? Clin Hist — 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?
If so, specify
(Signed) Forrest Thomas Coroner, M. D.
(Address) 731 Faraon

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

V.S. No. 2 100M-11-24-33