

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

Do not use this space.

26337

SEP 25 1935

1. PLACE OF DEATH

County Jackson Registration District No. 398
Township Blue Primary Registration District No. 2554
City Sugar Creek No. 707 Sterling, Sugar Creek, Mo. Ward 1st

File No. _____
Registered No. 269

2. FULL NAME

(a) Residence, No. 707 no. Sterling 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Infant</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Infant</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 23 1935</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>0</u>	<u>0</u>	<u>0</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>—</u>			
	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) <u>Sugar Creek, Missouri</u>				
MOTHER	13. NAME <u>John Tubek</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Rosedale, Huston, Ark. Slavonia</u>			
	15. MAIDEN NAME <u>Teresa Halastik</u>			
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Huston</u>			
	17. INFORMANT (ADDRESS) <u>John Tubek, 707 Sterling</u>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St Marys Cem.</u> DATE <u>Aug 28</u>				
19. UNDERTAKER (ADDRESS) <u>George Carson, 101 1/2 Pennsylvania</u>				
20. FILED <u>8-26-35</u> <u>F. L. Cook</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 22 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 22, 1935, to Aug 22, 1935.
I last saw him alive on Aug 22, 19____. Death is said to have occurred on the date stated above, at 7:45 p.m.
The principal cause of death and related causes of importance were as follows:
Atelactasis Date of onset _____
Premature
Other contributory causes of importance: _____
Name of operation _____ Date of _____
What was 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) Fred W. Smith, M. D.
(Address) Sugar Creek, 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.

