NOV 18 1935

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

Do not use this space.

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31932

1. PLACE OF DEATH

County Buchanan — Registration District No. 1001 — File No.

Township — Primary Registration District No. — Registered No. 1078

City St. Joseph, (No. St. Joseph's Hospital St. Ward)

2. FULL NAME Charles Edward Herynk

(a) Residence, No. 2201 South 14 Street St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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 Minnie Herynk

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Febr. 14. 1867.

7. AGE: Years 68 — Months 8 — Days 6 — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired R R Car Foreman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. St. Joseph & G I R R

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

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Bohemia

FATHER

13. NAME Joseph Herynk

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

MOTHER

15. MAIDEN NAME Roseanna Klecan

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

17. INFORMANT Helen Herynk (ADDRESS) 2201 South 14th Street

18. BURIAL, CREMATION, OR REMOVAL Mount Olivet Cemt PLACE St. Joseph, Mo. DATE Oct. 22. 1935

19. UNDERTAKER H. O. Sidenfaden (ADDRESS) 1802 Union Str St. Joseph, MO.

20. FILED 10-22 1935 — John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October. 20th. 1935

22. I HEREBY CERTIFY, That I attended deceased from 10-10-1935, to 10-20-1935

I last saw him alive on 10-19-1935. Death is said to have occurred on the date stated above, at 3/15a.m.

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

	Date of onset
Ulcerative colitis	10-10-35
Cardiac failure	

Other contributory causes of importance: perhaps liver

Name of operation none Date of

What test confirmed diagnosis? → Was there an autopsy? yes

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) F. G. Thompson Jr. By M. E. Linter M.D., M. D.

(Address) 815 Charles

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.

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

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