

NOV 18 1935

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

31977

1. PLACE OF DEATH 108-E. Elk,

County Buchanan

Registration District No. 85

Township

Primary Registration District No. 1001

City St. Joseph, Mo. (No. 103 E. Elk)

File No.

Registered No. 1123

St.

Ward

2. FULL NAME

(a) Residence, No. 108-E Elk,

(Usual place of abode)

Ward.

(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 M	4. COLOR OR RACE negro	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widower		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-16-1865		
7. AGE YEARS 70	MONTHS 7	DAYS 24
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor -		
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)		
11. Total time (years) spent in this occupation		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania		
13. NAME Abie Lechark		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania		
15. MAIDEN NAME		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania		
17. INFORMANT (ADDRESS) 103 E. Elk		
18. BURIAL, CREMATION, OR REMOVAL PLACE City Penn. DATE Nov 4 1935		
19. UNDERTAKER (ADDRESS) 103 E. Elk		
20. FILED 11-2 1935		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-30-35	1935
22. I HEREBY CERTIFY, That I attended deceased from 9/26 - 10-30, 1935	
I last saw him alive on Sept 26, 1935. Death is said to have occurred on the date stated above, at 2:30 P.M.	
The principal cause of death and related causes of importance were as follows: Influenza	
Other contributory causes of importance: Gastric Hernia Chronic Constipation	
Name of operation: Date of operation: Sewing	
What test confirmed diagnosis? Clinic. 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: 1935 Where did injury occur? 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) J. E. Lechark, M. D. (Address) 216 W. W. Mo. Ave.	

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.

