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.

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

JAN 13 1936

Do not use this space.

38639

1. PLACE OF DEATH

County: Buchanan — Registration District No. 85

Township — Primary Registration District No. 1001 — File No.

City: St. Joseph, (No. 104½ No. 2nd. St. St. Ward) — Registered No. 1308

2. FULL NAME: John J. Murawski

(a) Residence, No. 210 So. 11th. St. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S., if of foreign birth? 53 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Anna Murawski

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Apr. 15, 1863

7. AGE — YEARS: 72 — MONTHS: 8 — DAYS: 0 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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): 1913

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown Germany.

FATHER

13. NAME: Unknown

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

MOTHER

15. MAIDEN NAME: Unknown

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

17. INFORMANT (ADDRESS): Mrs. Mary Krache 210 So. 11th. St.

18. BURIAL, CREMATION, OR REMOVAL

PLACE: Mt. Olivet Cemetery DATE: Dec. 18, 1935

19. UNDERTAKER (ADDRESS): Walter Meierhofer 1302 Faraon St. St. Joseph, Mo.

20. FILED 12-17- 1935 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec. 15, 1935, 19

22. I HEREBY CERTIFY, That I attended deceased from Dec. 6, 1935, to Dec. 15, 1935

I last saw him alive on Dec. 6, 1935. Death is said to have occurred on the date stated above, at 6.30 m. A. M.

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

	Date of onset
Arterio Sclerosis	1930

Other contributory causes of importance:

Cirrhosis of Liver	1932

Name of operation: None Date of —

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) Gordon D. Wright, M. D.

(Address) 847 So. 19th. St. St. Joseph, Mo.