

FEB 18 1936

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

Do not use this space.

552

1. PLACE OF DEATH

County Cedar
Township Box
City _____ (No. _____)

Registration District No. 163
Primary Registration District No. 5728

File No. _____
Registered No. 1
St. _____ Ward _____

2. FULL NAME Martin Koca

(a) Residence, No. _____ 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>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Katherine Koca</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 16, 1861</u>		
7. AGE	YEARS <u>74</u>	MONTHS <u>2</u>
	DAYS <u>21</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	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) <u>Byloug Czechoslovakia</u>		
FATHER	13. NAME <u>James Koca</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Czechoslovakia</u>	
MOTHER	15. MAIDEN NAME <u>Not known</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Czechoslovakia</u>	
17. INFORMANT <u>James Koca</u> (ADDRESS) <u>El Dorado 2199 Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Vergil</u> DATE <u>Jan 10, 1936</u>		
19. UNDERTAKER <u>Wagner Funeral Home</u> (ADDRESS) <u>El Dorado 2199 Mo</u>		
20. FILED <u>1-10-1936</u> <u>J.W. Dawson</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 7, 1936

22. I HEREBY CERTIFY That I attended deceased from _____, 19____, to _____, 19____

I last saw h. _____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at 6:30 a. m.

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

Gunshot "suicide" Date of onset _____on Farm near El Dorado
Mo.

Other contributory causes of importance

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? suicide Date of injury Jan 7, 1936Where did injury occur? Cedar County Mo.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

at homeManner of injury gun shotNature of injury in chest24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) Melvin Church, Coroner(Address) El Dorado, Missouri

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.

