

MAY 15 1936

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

13968

1. PLACE OF DEATH

County BarryRegistration District No. 30Township Cape BreckPrimary Registration District No. 5-0-11City Wheaton(No. 1)St. Mo.Ward 7

2. FULL NAME

(a) Residence, No. Julius AbramskiSt. Mo.Ward 7

(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

male

4. COLOR OR RACE

white

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

single

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

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

May 18 66

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1

day,hrs.

ormin.

70113

OCCUPATION

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

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)

Germany

FATHER

13. NAME

Don't know

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

Germany

MOTHER

15. MAIDEN NAME

Slomkowski

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

Germany

17. INFORMANT (ADDRESS)

A. L. Belka
Wheaton, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

4/121936

19. UNDERTAKER (ADDRESS)

Belka Funeral Home
Wheaton, Mo.

20. FILED

19.....

Registrar

MEDICAL CERTIFICATE OF DEATH

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

4/111936

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 12:15 A.M.

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

Coronary Embolus

Date of onset

Coronary Embolus

10-10-68

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

Do not use this space.

1. PLACE OF DEATH

County Barry
Township Cape Girardeau
City Barry (No. 30 St. 30 Ward 41)

Registration District No. 30
Primary Registration District No. 30 41

File No. 29
Registered No. 29

2. FULL NAME

Julius Abramski
(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED S (write the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 7, 1866
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 70 10 10 10

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn.

13. NAME Don't know

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

15. MAIDEN NAME Slamback

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

17. INFORMANT A. F. Belka (ADDRESS) Wheaton

18. BURIAL, CREMATION, OR REMOVAL PLACE Plunkfield DATE 4/12 1935

19. UNDERTAKER Belka Funeral Home (ADDRESS) Wheaton

20. FILED 7-2-36, 1936 W. M. West Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-11, 1936

22. I HEREBY CERTIFY, That I attended deceased from , 1936, to , 1936.
I last saw alive on , 1936. Death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

Coronary Embolus Date of onset

Other contributory causes of importance:

Name of operation Date of
What test 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 , 1936
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) W. H. Johnson M. D.
(Address) Cassville

WRITE PLAINLY, WITH UNFADING INK. 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. If the statement of OCCUPATION is very important.

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