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

Do not use this space.

OCT 20 1936

1. PLACE OF DEATH
County Buchanan — Registration District No. 85 — File No. 33685
Township — Primary Registration District No. 1001 — Registered No. 1154
City St Joseph (No. 1802 So 6 St. Ward)

2. FULL NAME James H Prashak
(a) Residence, No. 1802 So 6 St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 54 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 White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Margaret
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 25 - 1856
7. AGE YEARS 79 MONTHS 11 DAYS 11 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 10 yrs
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Stationary Engineer
10. Date deceased last worked at this occupation (month and year) 1926
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chicago Ills

FATHER
13. NAME John Prashak
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bohemian

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bohemian

17. INFORMANT (ADDRESS) Mrs Theresa Shunk St Joseph
18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Olivett DATE 9-8 1936
19. UNDERTAKER (ADDRESS) Barry - Wylie 218 So 10
20. FILED Sept 8 1936 A J Hettebush Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 6 1936

22. I HEREBY CERTIFY, That I ~~attended~~ viewed deceased ~~from~~ on Sept 6, 1936, to ....., 19....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 9 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
98	

Other contributory causes of importance: Chronic Rheumatism

Name of operation ..... Date of .....
What test confirmed diagnosis? Clin Hist 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) Tomas Thomas Coroner, M. D.
(Address) 731 Faraon