

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

Do not use this space.

OCT 22 1936

34896

1. PLACE OF DEATH

County Lincoln
Township Hawspoint
City Hawspoint (No. St. Ward)

Registration District No. 488
Primary Registration District No. 4295

File No. 9
Registered No.

2. FULL NAME

(a) Residence, No. Joseph Tomek St. Ward.
(Usual place of abode) Hawspoint

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 32 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>Mary Tomek</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 28, 1870</u>		
7. AGE YEARS <u>65</u>	MONTHS <u>8</u>	DAYS <u>25</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>Retired Merchant</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)
Cleveland Ohio

MOTHER FATHER 13. NAME Joseph Tomek

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

15. MAIDEN NAME
Unknown

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

17. INFORMANT (ADDRESS)
Mary Tomek Hawspoint Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hawspoint Cem DATE Sept 25, 1936

19. UNDERTAKER (ADDRESS)
Wayne Mc Coy Troy Mo

20. FILED 9-25- 1936 W H Quinn Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 23rd, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 25th, 1936 to Aug 23rd, 1936

I last saw him alive on Aug 22nd, 1936 Death is said

to have occurred on the date stated above, at 3:40 A.M.

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

Chronic Interstitial Nephritis Date of onset 1931

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Other contributory causes of importance:
Arteriosclerosis

Name of operation 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) W. G. Arneth M. D.

(Address) Troy Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERM.

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.

