

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

Do not use this space.

37670

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Lead Primary Registration District No. 1002
City Kennett City (No. 2807 Harrison St. _____ Ward)

File No. _____
Registered No. 4520

2. FULL NAME

John Markovich
(a) Residence, No. 2807 Harrison 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>Mary Markovich</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 4 1872</u>		
7. AGE	YEARS <u>63</u>	MONTHS <u>10</u>
	DAYS <u>6</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>Laborer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Unemployed</u>	
	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>Austria</u>		
FATHER	13. NAME <u>Adam Markovich</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Austria</u>	
MOTHER	15. MAIDEN NAME <u>Theresa Frisk</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Austria</u>	
17. INFORMANT <u>Miss Ann Markovich</u> (ADDRESS) <u>2807 Harrison St.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Montenap</u> DATE <u>Oct 12 1936</u>		
19. UNDERTAKER <u>Quinn & Robinson Co</u> (ADDRESS) <u>70 S. Lincoln</u>		
20. FILED <u>Oct 12 1936 M. M. Grove</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/10/36

22. I HEREBY CERTIFY that I attended deceased from _____, 19____
Deputy Coroner
I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, _____, 19____.
The principal cause of death and related causes of importance were as follows:
Chronic hypertension
myocarditis
Other contributory causes of importance: W. A. S.
Name of operation _____ Date of _____
What test confirmed diagnosis Autopsy Was there an autopsy? Yes

23. If death was due to external cause (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?
If so, specify _____
(Signed) [Signature], M. D.
(Address) _____

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.

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