

JUL 26 1937

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan

Township Washington

City

Registration District No. 86

Primary Registration District No. 5127

(No. R.F.D. #6, 1/4 Mile So. St. Joseph, Mo. St. Ward)

File No. 23263

Registered No. 38

2. FULL NAME John Joseph Mihelich

(a) Residence, No. St. Ward R.F.D. #6 St. Joseph, Mo.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 7 mos. 15 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) October 19, 1934

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. of min.
2 7 15

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
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) St. Joseph, Mo. Missouri

FATHER 13. NAME Stephen Mihelich

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

MOTHER 15. MAIDEN NAME Katherine Skradski

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

17. INFORMANT Stephen Mihelich (ADDRESS) R.F.D. #6 St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Olivet Cemetery St. Joseph, Mo. DATE June 7, 1937

19. UNDERTAKER H.O. Sidenfaden and Son (ADDRESS) 1802 Union Str. St. Joseph, Mo.

20. FILED June 5, 1937 R.W. Tacklock, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 4, 1937, 19

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1937, to June 4, 1937

I last saw him alive on June 3, 1937. Death is said to have occurred on the date stated above, at 3:30 P.M.

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

Septicemia, streptococci Date of onset April 1, 1937

Other contributory causes of importance: None

Name of operation: None Date of: None
What test confirmed diagnosis: Blood cultures Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: No
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: None
Nature of injury: None

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) M.H. Galt (Address) Corby Bldg. St. Joseph, Mo.

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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 Buchanan
Township Washington
City John Joseph Michelich (No. _____)

Registration District No. 86
Primary Registration District No. 2727

File No. 23263
Registered No. 38

2. FULL NAME

John Joseph Michelich

(a) Residence, No. _____ St. _____ Ward. _____

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 (write the word) s

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, write hrs. min.
2 7 16

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19.

19. UNDERTAKER (ADDRESS)

20. FILED Sept 2 1937 B. W. Tadlock Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 4 1937

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

That saw _____ alive on _____, 19____. 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:

Septicemia Streptococci (Date of onset _____)

as result of streptococci sore throat

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 _____, 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) M. H. Talty M. D.

(Address) City of Buchanan

SUPPLEMENTARY

11501

S-23263

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