AUG 30 1937

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

Do not use this space.

1. PLACE OF DEATH
County St. Francois
Township Marion
City Bonne Terre R-1 (No. ..... St. ..... Ward)

Registration District No. 775
Primary Registration District No. 6022

File No. 28248
Registered No. 54

2. FULL NAME Andrew Janis
(a) Residence, No. R-1 Bonne Terre Mo 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: 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 7. 1855
7. AGE: YEARS 82 MONTHS 2 DAYS 1 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming
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) Bonne Terre Missouri

FATHER
13. NAME Francis Janis
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Genevieve County Mo

MOTHER
15. MAIDEN NAME Mary Pratte
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bonne Terre Missouri

17. INFORMANT Joseph Janis
(ADDRESS) Bonne Terre Mo R-1
18. BURIAL, CREMATION, OR REMOVAL
PLACE Catholic Cemetery DATE July 10 1937
19. UNDERTAKER Gentry Funeral Co
(ADDRESS) Bonne Terre Mo
20. FILED July 10, 1937 N. W. Hawkins Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 8, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 26 1937, 19..., to July 8, 1937
I last saw him alive on July 8, 1937. Death is said to have occurred on the date stated above, at 3:15 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Rectum — apparently primary.	

Other contributory causes of importance: Arteriosclerosis, chronic pulmonary disease, cardiac attack & asphyxia

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) E. J. Gaus, M. D.
(Address) Bonne Terre Mo

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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

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