

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

14108

1. PLACE OF DEATH

County BuchananRegistration District No. 85

Township

Primary Registration District No. 1001

City

(No. Saint Joseph Hosp.)

File No.

Registered No. 470

St.

Ward)

2. FULL NAME

(a) Residence, No. 206 East Colorado St.,

(Usual place of abode)

Ward. 352

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

Myronie

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

11-1-1863

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

74525

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Engineer

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) March 193811. Total time (years) spent in this occupation 35

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

unknown

13. NAME

? Adamack

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

Bahemia

15. MAIDEN NAME

unknown

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

Bahemia

17. INFORMANT

(ADDRESS)

Julius Huska 1606 South 9th St. Joseph mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Mount Mora

DATE

5/3

1938

19. UNDERTAKER

(ADDRESS)

Barry - Wylie 218 South 14th St. Joseph

20. FILED

May 2 1938 A. J. Neelbica

Registrar.

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

April 24-4th 1938

22. I HEREBY CERTIFY, That I attended deceased from

Apr 21, 1938, to Apr 26, 1938I last saw him alive on Apr 26, 1938. Death is said to have occurred on the date stated above, 4:45 P m.

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

Ruptured Heart
Coronary Sclerosis

Date of onset

unknown95B1-

Other contributory causes of importance:

arteriosclerosis
General
Effusion
PleuralName of operation None Date of unknownWhat test confirmed diagnosis? Ex. & etc. Was there an autopsy? yes

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) E. M. Shores, M. D.(Address) 317 1/2 Kirkpatrick BldgSt Joseph mo.

