

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC'D MAY 17 1938

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

Do not use this space.

14109

1. PLACE OF DEATH

County Buchanan

Registration District No. 85

Township

Primary Registration District No. 1001

City St. Joseph

(No. 2218)

Lafayette

File No.

Registered No. 471

471

St.

Ward)

2. FULL NAME

(a) Residence, No. 2218

(Usual place of abode)

Lafayette

St.,

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds.

How long in U. S., if of foreign birth? 30 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)

married

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

Mary Hanas

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

5-26-1888

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

49

11

1

OCCUPATION

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

Prop of King Store

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)

4-26/38

11. Total time (years) spent in this occupation

12

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

Poland

FATHER

13. NAME

John Hanas

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

Poland

MOTHER

15. MAIDEN NAME

Mary Cielosowski

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

Poland

17. INFORMANT (ADDRESS)

Mary Hanas 2218 Lafayette

18. BURIAL, CREMATION, OR REMOVAL

PLACE Mount Olivet DATE 4-30 1938

19. UNDERTAKER (ADDRESS)

Burry-Wylie 218 So. 10th St. St. Joseph Mo

20. FILED

Apr 30, 1938 H. J. Nestle Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-27 1938

22. I HEREBY CERTIFY, That I attended deceased from April 26 1938 to April 27 1938

I last saw him alive on April 26 1938. Death is said to have occurred on the date stated above, at 6:15 A.m.

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

Chronic Myocarditis

Date of onset

Unknown

Other contributory causes of importance:

Cardiac Paralysis

1 day

Name of operation none 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) H. A. Robertson M. D.

(Address) St. Joseph Mo

6-2057