

REC'D JUN 14 1938

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

Do not use this space.

1. PLACE OF DEATHCounty BuchananRegistration District No. 85

Township

Primary Registration District No. 1001City St. Joseph(No. 813)South 17th

St.

Ward)

2. FULL NAMEPeter Paul Chojnowski 252(a) Residence, No. 813 South 17th

St.,

Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 58 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)**Widowed**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF**Josephine**6. DATE OF BIRTH (MONTH, DAY, AND YEAR)**Feb 2 - 1861**7. AGE**77 YEARS**MONTHS**3**DAYS**2

If LESS than 1 day, hrs. or min.

OCCUPATION**8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.**Bricklayer**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**life**12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)**Poland**FATHER****13. NAME**P Chojnowski**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)**Poland**MOTHER****15. MAIDEN NAME**unknown**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)**Poland**17. INFORMANT (ADDRESS)**Anatolia Chojnowski 813 South 17th St.**18. BURIAL, CREMATION, OR REMOVAL**PLACE Mount Olivet DATE May-7 1938**19. UNDERTAKER (ADDRESS)**Barry Wylie 218 S. 17th St. St. Joseph, Mo.**20. FILED**May 6, 1938 H. J. Mottish Registrar.**MEDICAL CERTIFICATE OF DEATH****21. DATE OF DEATH (MONTH, DAY, AND YEAR)**May-3 1938**22. I HEREBY CERTIFY, That I attended deceased from**5/1/38 1938, to 5/3 1938I last saw him alive on 5/3 1938. Death is saidto have occurred on the date stated above, at 8-10 P. m.

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

arterio sclerosis
hypertension

Date of onset

unknown

Other contributory causes of importance:

familyName of operation None Date ofWhat 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 1938Where 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 noneNature of injury none**24. Was disease or injury in any way related to occupation of deceased?** No

If so, specify

(Signed) Amundt & Cook, M. D.85 (Address) 211 Philip St. St. Joseph, 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.

