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.

REC'D AUG 11 1938

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

Do not use this space.

1. PLACE OF DEATH
County Buchanan. Registration District No. 85 File No. 24835
Township Primary Registration District No. 1001 Registered No. 736
City St. Joseph. (No. 118 East Cliff St. St. Ward)

2. FULL NAME John M. Scoblic.
(a) Residence, No. 118 East Cliff St. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 18 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): Married.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Teresa Scoblic.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 24, 1866.
7. AGE: YEARS 72 MONTHS 1 DAYS 6 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Millwright.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Famo Feed Co.
10. Date deceased last worked at this occupation (month and year) Jan 28, 1938
11. Total time (years) spent in this occupation 18

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

FATHER
13. NAME Unknown.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown. Unknown.

MOTHER
15. MAIDEN NAME Unknown.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown. Unknown.

17. INFORMANT (ADDRESS) Mrs Mary Teresa Scoblic. 118 E. Cliff Street.
18. BURIAL, CREMATION, OR REMOVAL Mount Olivet Cem.
PLACE St. Joseph Mo. DATE Aug 2, 1938
19. UNDERTAKER (ADDRESS) H. O. Sidenfaden & Son. 1802 Union St. St. Joseph Mo.
20. FILED 8/1 1938 H. J. Hatchcock Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 30, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 28 1938, to July 30, 1938
I last saw him alive on July 29, 1938. Death is said to have occurred on the date stated above, at 9:45a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion	7-28-38

Other contributory causes of importance:
Hypertensive arterio-sclerotic cardiovascular disease

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) C. S. Grant, M.D. M. D.
(Address) 6207 King Hill Ave St. Joseph, Mo.