

JAN 12 1935

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

Do not use this space.

42730

1. PLACE OF DEATH

County Henry
Township Springfield
City Springfield (No.)

Registration District No. 349
Primary Registration District No. 5-5-00

File No.
Registered No. 28
St. Ward)

2. FULL NAME

John S. Marik

(a) Residence No. 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. 13 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Antonie v. Marik</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 24 - 1850</u>				
7. AGE YEARS <u>84</u>	MONTHS <u>04</u>	DAYS <u>2</u>	If LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired farmer</u>			
	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) <u>Czechoslovakia</u>				
FATHER	13. NAME <u>Joseph Marik</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Czechoslovakia</u>			
MOTHER	15. MAIDEN NAME <u>Antonie v. Marik</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Czechoslovakia</u>			
17. INFORMANT (ADDRESS) <u>John Marik Jr. Canton, Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Bolivar, Mo.</u> DATE <u>Dec. 27</u> 19 <u>34</u>				
19. UNDERTAKER (ADDRESS) <u>James A. Hansey - Canton, Mo.</u>				
20. FILED <u>12-27</u> 19 <u>34</u> <u>Mrs. A. U. Gray</u> Registrar.				

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 26 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 1 1934, to Dec 26 1934
I last saw him alive on Dec 26 1934 Death is said to have occurred on the date stated above, at 2 P.m.
The principal cause of death and related causes of importance were as follows:
Chronic valvular disease of the heart
General dropsy
Date of onset Don't know

Other contributory causes of importance:
General dropsy

6 Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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) J. A. Richard M. D.
(Address) Canton, 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.

