

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

Do not use this space.

**JUN 18 1937**

10970

**1. PLACE OF DEATH**

County Franklin Registration District No. 297 File No. \_\_\_\_\_  
 Township St. John's Primary Registration District No. 5424 Registered No. 38  
 City Krakow, Mo. R.F.D. #1. (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Joseph Peter Nowak

(a) Residence, No. Krakow, Mo. R.F.D. #1 St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)

Length of residence in city or town where death occurred 45 yrs.  mos.  ds. How long in U.S., if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. (If nonresident, give city or town and State)

**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 Emily E. Nowak  
 WIDOWED

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 19th, 1891

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
45 6 10

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer.  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. X  
 10. Date deceased last worked at this occupation (month and year) Apr. 1937  
 11. Total time (years) spent in this occupation Life.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Krakow, Missouri, R.F.D. #1.

13. NAME Joseph Nowak, Sr.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) At sea, enroute from Poland.

15. MAIDEN NAME Julia Piontek,

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

17. INFORMANT Mrs. Joseph P. Nowak,  
 (ADDRESS) Krakow, Mo., R.F.D. #1.

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Glover Bottom, Mo. DATE May 3rd, 1937

19. UNDERTAKER Nieburg & Vitt, Inc.,  
 (ADDRESS) Washington, Mo.

20. FILED Apr. 30 - 37 N.A. May  
 Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 29th, 1937.

22. I HEREBY CERTIFY, That I attended deceased from 4/29/37, 19\_\_\_\_, to 4/29/37, 19\_\_\_\_.

I last saw him alive on 4/29/37, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 1:45 P.M.  
 The principal cause of death and related causes of importance were as follows:

Acute Cardiac Deception  
satosis Date of onset \_\_\_\_\_

Other contributory causes of importance: \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) [Signature], M. D.  
 (Address) Washington, 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.

