

STATE OF WISCONSIN

Department of Health—Bureau of Vital Statistics

1 PLACE OF DEATH

County Waukesha

Township _____

or
Village _____or
City So. Milwaukee(If death occurred in a hospital or institution give its NAME instead of street and number.)
Length of residence in city or town where death occurred 2 yrs. 6 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.ORIGINAL CERTIFICATE OF DEATH SEP 10 1937

Registered No. _____

(No. 802 Lake Drive Ward _____)2. FULL NAME John Blochowicz BLOCKOWICZ(a) Residence No. 802 Lake Drive Ward (Mil CO)
(Usual place of abode) (If nonresident, give city or town and state)

Did deceased serve in the military or naval forces of the United States?

(Yes or No)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word) Married5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Anna Blochowicz6 DATE OF BIRTH (mo., day and yr.) Mar. 14 - 18857 AGE Years 52 Months 4 Days 22 If LESS than 1 day, _____ hrs. or _____ min.8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. Salesman9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Miller Brew. Co.10. Date deceased last worked at this occupation (month and year) Apr. 2 - 37 11 Total time (years) spent in this occupation 22 yrs12. BIRTHPLACE (city or town) (State or country) Wisconsin13. NAME John Blochowicz14. BIRTHPLACE (city or town) (State or country) Poland15. MAIDEN NAME Terenziana Bickston16. BIRTHPLACE (city or town) (State or country) Poland17. INFORMANT Mrs. J. Blochowicz
(Address) So. Milwaukee18. BURIAL CREMATION, OR REMOVAL Place St. Adalbert Date Aug. 10 193719. FUNERAL DIRECTOR W. J. G. G. G. G.
(Address) So. Milwaukee20. Filed Aug. 10 1937 W. J. G. G. G.
REGISTRAR

Filed _____ 19____

SUB-REGISTRAR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (mo., day and yr.) Aug. 6 193722. I HEREBY CERTIFY, That I attended deceased from Apr. 1 1937, to Aug. 6 1937I last saw him alive on Aug 6 1937, death is said to have occurred on the date stated above, at 9:00 A.M. 30The principal cause of death and related causes of importance in order of onset were as follows: Bilateral Tuberculous Cysto-nephritis 1934

Contributory causes of importance not related to principal cause: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? Urin + Tub 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 _____

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) W. J. G. G. G. M. D.(Address) So. Milwaukee