

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.

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

Do not use this space.

32560

1. PLACE OF DEATH

County Wayne
Township Butler
City Piedmont (No.)

Registration District No. 891
Primary Registration District No. 1540

File No.
Registered No. 81
St. Ward)

2. FULL NAME

Tom Cengel

(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. 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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 5/5/1862

7. AGE YEARS 65 MONTHS 5 DAYS 13 IF LESS than 1 day, ... hrs. min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work carpenter
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Mo.
(STATE OR COUNTRY)

10. NAME OF FATHER David Cengel

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mo.
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Miriam Dickson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mo.
(STATE OR COUNTRY)

14.

INFORMANT
(Address)

15.

FILED 4/26/27 J. B. Fisher
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10/9 1927

17. I HEREBY CERTIFY That I attended deceased from 10/9 1927 to 10/9 1927
that I last saw him alive on 10/9/27, and that death occurred, on the date stated above, at 10/9/27 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Aspirin
uremic convulsions
10/9/27

CONTRIBUTORY (SECONDARY)

Aspirin
Don't know

18. WHERE WAS DISEASE CONTRACTED Don't know
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) J. B. Fisher M. D.
, 19 (Address) Piedmont

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Patterson DATE OF BURIAL 10/20 1927

20. UNDERTAKER Yates Und. Co. Piedmont ADDRESS

