

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

Do not use this space.

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File No.
Registered No. 40

1. PLACE OF DEATH

County Washington
Township Union
City

Registration District No. 887
Primary Registration District No. 2182

2. FULL NAME

(a) Residence. No. St. Ward.
(Usual place of abode)
Length of residence in city or town where death occurred 4 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) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) January 31 1884

7. AGE YEARS MONTHS DAYS | If LESS than 1 day, hrs. or min.
44 | 9 | 29

8. OCCUPATION OF DECEASED

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

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

10. NAME OF FATHER John Palitte

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

12. MAIDEN NAME OF MOTHER Margaret Boyer

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

14. INFORMANT Noah Palitte
(Address) Potosi Mo.

15. FILED 5/1 1928 Jos. L. Thurman
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr. 30 1928

17. I HEREBY CERTIFY, That I attended deceased from March 1 1928 to April 30 1928 that I last saw him alive on April 30 1928, and that death occurred, on the date stated above, at 3 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Tuberculosis Pulmonary
3 1/2 (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? No DATE OF

20. WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? none of

(Signed) W. B. Russell, M. D.

, 19 (Address) Potosi Mo.

*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 Old Mines Mo. DATE OF BURIAL 5-2 1928

20. UNDERTAKER Bayer & Son ADDRESS Potosi, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. AGE should be stated EXACTLY. Occupation should be carefully supplied.

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