

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

Do not use this space.

2749

1. PLACE OF DEATH

County Andrew Registration District No. 3031
Township Park Primary Registration District No. 625
City Maryville (No.) St. Ward)

File No.
Registered No. 3

2. FULL NAME

(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

Charles J. Szalop

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 27 - 1848

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
85 | 5 | 13

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Real Estate
(b) General nature of industry, business, or establishment in which employed (or employer)

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York State

10. NAME OF FATHER not known

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

12. MAIDEN NAME OF MOTHER not known

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

14. INFORMANT From Family record (Address) 14 98 Prie

15. FILED Jan 5, 1929 Maryville Mo Registrar C. P. J. ...

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 4 1929

17. I HEREBY CERTIFY, That I attended deceased from DEC 19 28, 1928, to Jan 4 1929, 1929 that I last saw him alive on Jan 4 1929, 1929, and that death occurred, on the date stated above, at 3-P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

108
162
pneumonia (Lobar)
(duration) ... yrs. ... mos. 15 d.

CONTRIBUTORY (SECONDARY) Senility
(duration) ... yrs. ... mos. ... da.

18. WHERE WAS DISEASE CONTRACTED? 10/10
NOT AT PLACE OF DEATH.

19. DID AN OPERATION PRECEDE DEATH? no DATE OF ...
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Symptoms & Labors
(Signed) C. U. Martin, M. D.
, 19 (Address) Maryville 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 Carthage Ill DATE OF BURIAL Jan 5 1929

20. UNDERTAKER Prie Fun Co ADDRESS Maryville 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.

74
11
4
154
2
8
8

