

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

MAR 1929
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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. 1929

Dr Rodas

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

Do not use this space.

5002

1. PLACE OF DEATH

County *Sevier*
Township *Pickland*
City *Sebaston* (No.)

Registration District No. *82*
Primary Registration District No. *6070*

File No. *30*
Registered No.
St. Ward

2. FULL NAME

Harold Tony Miedanoff

(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *Child*

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Nov 11 1923*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
5 2 2

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) *Sevier Co Mo*
(STATE OR COUNTRY)

10. NAME OF FATHER *Tony Miedanoff*

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

12. MAIDEN NAME OF MOTHER *Ara Johnson*

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

14. INFORMANT *Tony Miedanoff*
(Address) *Sebaston Mo*

15. FILED *3/10/29* *Walter Edes*
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Jan 13 1929*

17. I HEREBY CERTIFY, That I attended deceased from *Jan 5* 1929, to *Jan 13* 1929, that I last saw him alive on *Jan 13* 1929, and that death occurred, on the date stated above, at *2:30 P* m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Influenzal Pneumonia
"Lung Sepsis"
HA
(duration) yrs. mos. *10* da.

CONTRIBUTORY (SECONDARY) *HA*
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH. DATE OF

20. WHAT TEST CONFIRMED DIAGNOSIS

(Signed) *Dr Rodas*, M. D.
1/14, 1929 (Address) *Sebaston 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 *Memorial Park* DATE OF BURIAL *1/14 1929*

20. UNDERTAKER *H. J. Welch* ADDRESS *Sebaston Mo*

