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

Do not use this space.

38198

1. PLACE OF DEATH

County St. Francois — Registration District No. 773 — File No.

Township St. Francois — Primary Registration District No. 6018 A — Registered No. 150

City Farmington, Mo. (No. ..., ... St. ... Ward)

2. FULL NAME Pelagie Janis

(a) Residence. No. Ste. Genevieve Mo. St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 5 mos. 24 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 22, 1844

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	85	7	15	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

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

PARENTS

10. NAME OF FATHER Edmond Janis

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

12. MAIDEN NAME OF MOTHER Pelagie Gennue

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

14. INFORMANT Hospital Records
(Address) Farmington, Mo.

15. FILED 11-7-1929 T. J. Robinson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 7 1929

17. I HEREBY CERTIFY, That I attended deceased from May 13, 1929, to Nov. 7, 1929 that I last saw he alive on Nov. 7, 1929 and that death occurred, on the date stated above, at 11:07 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis
936
150 (duration) 2 yrs. ... mos. ... ds.

CONTRIBUTORY (SECONDARY) Senile Psychosis
(duration) ... yrs. 6 mos. ... ds.

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

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) L. F. Proctor, M. D.

11-7, 1929 (Address) Farmington.

*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	DATE OF BURIAL
Calvary Cemetery Ste Genevieve	11-9-1929
20. UNDERTAKER W. J. Stanton	ADDRESS Ste Genevieve Mo