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

Do not use this space.

23775

1. PLACE OF DEATH
County: Pemiscot
Township:
City: Hayti (No. , St. Ward)
Registration District No. 653
Primary Registration District No. 4390
File No.
Registered No. 69

2. FULL NAME: Pat Peary
(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 6 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Colored
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): unknown.

7. AGE: Years 55 | Months X | Days X | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer.
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer: Mack Morgan.

9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY): Miss

PARENTS
10. NAME OF FATHER: Unknown.
11. BIRTHPLACE OF FATHER (CITY OR TOWN): not Known
(STATE OR COUNTRY): not Known
12. MAIDEN NAME OF MOTHER: not Known
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): not Known
(STATE OR COUNTRY): not Known

14. INFORMANT: Judge Gowen
(Address): Hayti Mo.

15. FILED 7-18-1930 J. W. Johnson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 7-15 1930

17. I HEREBY CERTIFY, That I attended deceased from 7-1, 1930, to 7-15, 1930 that I last saw h. alive on 7-14, 1930, and that death occurred, on the date stated above, at 10 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Parenchymatous Nephritis.
Uremia
131
311
(duration) 1 yrs. 3 mos. 15 ds.
CONTRIBUTORY (SECONDARY) 1375 Malarial Fever.
(duration) yrs. mos. 20 ds.

18. WHERE WAS DISEASE CONTRACTED? Home
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) J. W. Rhodes, M. D.
7-15, 1930 (Address) Hayti 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: Morgan Cemetery — DATE OF BURIAL: July 16 1930
20. UNDERTAKER: Hugh Lowe — ADDRESS: Hayti