OCT 29 1930

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

Do not use this space.

File No. 30245

Registered No.

Registration District No. 411

Primary Registration District No. 2002

1. PLACE OF DEATH
County Jasper
Township
City Joplin, Mo (No. ..... St. ..... Ward)

2. FULL NAME Frank E. Pregunza

(a) Residence. No. 1821 Porter 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. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

Pregunza

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Wh
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Mar.

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Beulah Pregunza

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 26 1879

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
51	1	25	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Mail Clerk
(b) General nature of industry, business, or establishment in which employed (or employer): U. S. Post Office
(c) Name of employer: U. S. Government

9. BIRTHPLACE (CITY OR TOWN) Hazelgreen
(STATE OR COUNTRY) Wis.

PARENTS

10. NAME OF FATHER James R. Pregunza
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Ills.
12. MAIDEN NAME OF MOTHER Eliza Lowry
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Ills.

14. INFORMANT Mrs. Beulah Pregunza
(Address) 1821 Porter

15. FILED 9-10, 1930 A. Benson Clark
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 1st 1930

17. I HEREBY CERTIFY, That I attended deceased from Aug 11 30, 19....., to Sept. 1, 1930 that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at 8 30 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Malaria Fever 10 days Duration

38

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (SECONDARY) .....
(duration) ....yrs. ....mos. ....ds.

18. WHERE WAS DISEASE CONTRACTED .....
IF NOT AT PLACE OF DEATH .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Dr. S. B. Kiblinger, M. D.
9-1, 1930 (Address) Joplin 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: Mount Hope — DATE OF BURIAL: Sept 1930

20. UNDERTAKER: Frank-Davis Co. — ADDRESS: Joplin 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.

WRITE PLAINLY IN INDELIBLE INK. DO NOT FOLD.