NOV 21 1930

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

Do not use this space.

32476

1. PLACE OF DEATH

County: Crawford. Registration District No.: 230 File No.:

Township: Benton Primary Registration District No.: 5312 Registered No.:

City: ~~Cuba~~ (No. ..... St. ..... Ward)

2. FULL NAME Chas. James Pease

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

Length of residence in city or town where death occurred 77 yrs. 2 mos. 18 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)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 28, 1853

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
77	2	18	

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

9. BIRTHPLACE (CITY OR TOWN) Jacksonville, Ill.
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER James Pease
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Springfield
(STATE OR COUNTRY) Mass.
12. MAIDEN NAME OF MOTHER Mahala Pease
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Springfield
(STATE OR COUNTRY) Ill.

14. INFORMANT Ralph Pease
(Address) Cuba, Mo.

15. FILED Nov. 1, 1930 G. G. A. Herzog REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 16, 1930

17. I HEREBY CERTIFY, That I attended deceased from July 6, 1929, to Oct 16, 1930 that I last saw him alive on Oct 15, 1930 and that death occurred, on the date stated above, at 7:20 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Arteriosclerosis
121
97
..... (duration) 7 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Chronic interstitial nephritis ..... (duration) ..... yrs. ..... 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) Gustave G. A. Herzog M. D.
Oct 17, 1930 (Address) Cuba, 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	DATE OF BURIAL
Mc Nichol Cem	10/17 1930
20. UNDERTAKER	**ADDRESS**
Jas. C. Hollard	Cuba 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 WITH UNFADING INK—THIS IS A PERMANENT RECORD