

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

Do not use this space.

39451

1. PLACE OF DEATH

County Jackson
Township Waverly
City Keokuk (No. 2021 East 29)

Registration District No. 399
Primary Registration District No. 1

Filing No. 5123
Registered No. 5123
St. _____ Ward _____

2. FULL NAME

(a) Residence. 2021 East 29 St. 4 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE Greek 5. ~~SINGLE, MARRIED, WIDOWED OR DIVORCED~~ (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 12 1888

7. AGE YEARS 42 MONTHS _____ DAYS 1 IF LESS than 1 day, _____ hrs. or _____ min.

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

9. BIRTHPLACE (CITY OR TOWN) Greece
(STATE OR COUNTRY) _____

10. NAME OF FATHER Agis Zavas

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Greece
(STATE OR COUNTRY) _____

12. MAIDEN NAME OF MOTHER Mary Tacos

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Greece
(STATE OR COUNTRY) _____

14. INFORMANT A.B. Hospital
(Address) Lead Station Keokuk

15. FILED 7-14-30 1930 M. Cronin REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15. DATE OF DEATH (MONTH, DAY AND YEAR) 12/3/30 1930

17. I HEREBY CERTIFY, That I attended deceased from 3/20/30 to 12/2/30 1930 that I last saw him alive on 12/3/30 1930, and that death occurred, on the date stated above, at 1:35 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chol. 219c

9313 (duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) 21 (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? Positive sputum

(Signed) W. Buchanan, M. D.
1/4, 1930 (Address) 814 Professional Bldg

*State the DISEASE CAUSING DEATH, or in death from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St Mary Cemetery DATE OF BURIAL 12-15-30

20. UNDERTAKER John J. Sheehan ADDRESS Rt. 6 - Mo.

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

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.

Resⁿ 4519 Wakabak
Wa 3489