

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

Do not use this space.

118516

1. PLACE OF DEATH

County Jackson Registration District No. _____
 Township Rau Primary Registration District No. _____
 City Demer (No. 326 S.) St. _____ Ward _____

File No. _____
 Registered No. 204

2. FULL NAME

David Olinz Pestry
 (a) Residence No. 326 S. Demer Ward _____
 (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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male **4. COLOR OR RACE** American **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Fannie Lou Pestry
6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 4 1884
7. AGE YEARS 66 MONTHS 5 DAYS 29 **IF LESS than 1 day, _____ hrs. or _____ min.**
8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Stationary Engineer
 (b) General nature of industry, business, or establishment in which employed (or employer) _____ 34
 (c) Name of employer _____

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

10. NAME OF FATHER Samuel Pestry
11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Perrin
12. MAIDEN NAME OF MOTHER Ellen Coontz
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Maryland

14. INFORMANT Mrs Fannie L. Pestry
 (Address) 326 S. Demer

15. FILED 1/8 1931 M. L. Orquie REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) January 2 1931

17. I HEREBY CERTIFY, That I attended deceased from Sept. 15 to Jan. 2, 1931.
 that I last saw him alive on December 21, 1930 and that death occurred, on the date stated above, at 12:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute paralytic meningitis
120
104)

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

18. WHERE WAS DISEASE CONTRACTED _____ (duration) _____ yrs. _____ mos. _____ ds.

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? _____

(Signed) Paul J. Quinn, M.D.

1/3, 1931 (Address) 2035 Broadway

*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 _____

Union Cem. Crick Mo Jan. 11 1931

20. UNDERTAKER _____ ADDRESS _____

Gates Funeral Home K.C. Kan

K. 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.

