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

Do not use this space.

1. PLACE OF DEATH
County Cooper — Registration District No. 217 — File No. 27841
Township ~~Blackwater~~ — Primary Registration District No. 4131 — Registered No.
City Blackwater (No. ..... St. ..... Ward)

2. FULL NAME Moses Pomeleyter
(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 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: Col
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1-29-1856

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
75	6	24	

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) West Virginia
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER Geo Pomeleyter
11. BIRTHPLACE OF FATHER (CITY OR TOWN) West Virginia
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Lillie Pomeleyter
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) West Virginia
(STATE OR COUNTRY)

14. INFORMANT George Pomeleyter
(Address) Blackwater Mo

15. FILED 8-23, 1931 W. F. Abney REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 23 - 1931

17. I HEREBY CERTIFY, That I attended deceased from Aug 19th, 1931, to Aug 23, 1931, that I last saw him alive on Aug 23, 1931, and that death occurred, on the date stated above, at Aug 25 - 3 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Brights disease
~~Don't know~~ 132 (duration) yrs. 2 mos. ds.

CONTRIBUTORY (SECONDARY) Don't know
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Blackwater Mo
DID AN OPERATION PRECEDE DEATH? — DATE OF —
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Urinary test heat + nitric acid
(Signed) J B Durrett, M. D
, 19 (Address) Nelson 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. Nelson

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: H L Day — DATE OF BURIAL: Aug 27 1931

20. UNDERTAKER: Blackwater — ADDRESS: Nelson

SEP 28 1931