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.

DEC 21 1931

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

Do not use this space.

37199

1. PLACE OF DEATH

County: Cole — Registration District No.: 213 — File No.: 296

Township: — Primary Registration District No.: 3014 — Registered No.:

City: Jefferson (No. ..., ... St. ..... Ward)

2. FULL NAME Charles Pelta

(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 yrs. mos. 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: Ida M. Pelta

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April-6-1864

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	67	7	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: "

10. Date deceased last worked at this occupation (month and year): ..... 11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Elmyra, N.Y.

FATHER

13. NAME: Joseph Pelta

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER

15. MAIDEN NAME: Hannah Zellner

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Mrs. Ida M. Pelta, Jefferson City, Missouri

18. BURIAL, CREMATION, OR REMOVAL

PLACE: St. Louis, Mo. DATE: Nov-14, 1931

19. UNDERTAKER (ADDRESS): Wymore-Gordon, Jefferson City, Missouri

20. FILED: 11-16-1931 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov 13, 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1931, to Nov 13, 1931

I last saw him alive on Nov 12, 1931. Death is said to have occurred on the date stated above, at 5 A.m.

The principal cause of death and related causes of importance were as follows:

Cardio Renal Disease — Date of onset: 1926

95 B

111 B

95 B

Other contributory causes of importance:

Oedema lungs.

Cardiac asthma

Name of operation: ✓ Date of: ✓

What test confirmed diagnosis? ✓ Was there an autopsy? ✓

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury: ✓, 19....

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ✓

Manner of injury: ✓

Nature of injury: ✓

24. Was disease or injury in any way related to occupation of deceased?

If so, specify: no

(Signed) W. A. Clark, M. D.

(Address) Jefferson City, Mo