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

Do not use this space.

JUL 21 1933

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.

1. PLACE OF DEATH

County Chariton — Registration District No. 178 — File No. 19189

Township Bu Branch — Primary Registration District No. 5246 — Registered No. 6

City ..... (No. ..... St. ..... Ward)

2. FULL NAME Edward Passig

(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: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Nov. 5 1866

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
66	1	28	

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) (STATE OR COUNTRY): Ger

PARENTS

10. NAME OF FATHER: Geo. Passig
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ger
12. MAIDEN NAME OF MOTHER: Katherine Trade
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ger

14. INFORMANT: Mrs Ed. Passig
(Address): Bynumville Mo.

15. FILED 6/4, 1933 W. J. Billeter, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR): June 5 1933

17. I HEREBY CERTIFY, That I attended deceased from June 2, 1933, to June 2, 1933, that I last saw him alive on June 2, 1933, and that death occurred, on the date stated above, at 8:45 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Indigestion

[signature] (duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (SECONDARY): Valvular Heart Disease
(duration) 2 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? .....
(Signed) W. J. Billeter, M. D.
6/3, 1933 (Address) Bynumville 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: German Methodist Cem — DATE OF BURIAL: Jan 5 1933

20. UNDERTAKER: Jas. McLaughlin — ADDRESS: Marceline Mo