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

Do not use this space.

28602

1. PLACE OF DEATH

10

County VERNON — Registration District No. 871 — File No.

Township Metz — Primary Registration District No. 4525 — Registered No. 11

City METZ (No. , St. Ward)

2. FULL NAME PETE MENDEL

(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 M

4. COLOR OR RACE W

5. ~~SINGLE, MARRIED~~, WIDOWED, OR ~~DIVORCED (write~~ the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ~~[illegible]~~

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1866 Feb 19

7. AGE YEARS 67 MONTHS 6 DAYS 12 If LESS than 1 day, hrs. or min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. R. R. MO P

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) • Germany

FATHER

13. NAME • Dont know

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) • Dont know

MOTHER

15. MAIDEN NAME • Dont know

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

17. INFORMANT (ADDRESS) Mrs Geo. W Jones Metz MO

18. BURIAL, CREMATION, OR REMOVAL PLACE Baltown DATE 9-2 33 19

19. UNDERTAKER (ADDRESS) Boath & Bingham R/Ch Hill MO

20. FILED Aug 31, 1933 C. H. Musser M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 31, 1933

22. I HEREBY CERTIFY, That I attended deceased from 8-9, 1933, to 8-30, 1933

I last saw him alive on 8-30, 1933. Death is said to have occurred on the date stated above, at m.

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

Uremic poison

Date of onset

137

137

133A

132B

Other contributory causes of importance:

inactivity of kidneys

enlarged prostate

Name of operation no Date of

What test confirmed diagnosis? none Was there an autopsy? no

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

Accident, suicide, or homicide? no Date of injury no, 19

Where did injury occur? no (Specify city or town, county, and State)

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

Manner of injury no

Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no

If so; specify

(Signed) P. G. H. VanderWyst, M. D.

(Address) Metz - Missouri

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.

SEP 26 1933