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

Do not use this space.

39284-B.

File No. /

Registered No.

1. PLACE OF DEATH

County Buchanan — Registration District No. 86

Township Washington — Primary Registration District No. 527

City — (No. 4 Miles East St. Joseph Mo. St. Ward)

2. FULL NAME Mary Panigot

(a) Residence, No. 4 Miles East St Joseph St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 82 yrs. mos. ds. How long in U. S., if of foreign birth? 82 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 26, 1847

7. AGE: Years 86 | Months 0 | Days 3 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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) Unknown France

FATHER

13. NAME Hubert Groux

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown France

MOTHER

15. MAIDEN NAME Mary Beaufort

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

17. INFORMANT C. E. Panigot
(ADDRESS) St. Joseph Mo. R F D #3

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Mt Olivet Cemetery
PLACE St. Joseph Mo. DATE January 2, 1934

19. UNDERTAKER H. A. Siebenpfeiler
(ADDRESS) 1802 Union st. St. Joseph Mo.

20. FILED Jan 2, 1934 H. J. Brunner
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 29, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1933, to Dec 29, 1933.

I last saw he alive on Dec 29, 1933. Death is said to have occurred on the date stated above, at 3:40 P.m.

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

Uremic coma — Date of onset Dec 28/33
1.51
1398

Other contributory causes of importance:
Chronic interstitial nephritis two years duration

Name of operation — Date of op.
What test confirmed diagnosis? Microscopical Examination — 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 0, 19
Where did injury occur? 0
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. 0
Manner of injury 0
Nature of injury 0

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify 0

(Signed) H. H. Thompson, M. D.
(Address) St. Joseph St. Charles

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

FEB 2 1934