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.

MAR 24 1934

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

Do not use this space.

213

85

1. PLACE OF DEATH
County Buchanan — Registration District No. — File No. 4046
Township — Primary Registration District No. 1001 — Registered No. 213
City St Joseph Mo (No. State Hosp #2 St. Ward)

2. FULL NAME Fred Pastoris
(a) Residence, No. ~~Pattonsburg Mo~~ St., Ward. Pattonsburg Mo
(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 M
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) About 1882

7. AGE YEARS 52 MONTHS DAYS If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
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) Mo Unk

FATHER
13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unk Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unk Unknown

17. INFORMANT (ADDRESS) State Hospital Records St Joseph Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Muddy DATE 2-23 1934

19. UNDERTAKER (ADDRESS) G S Gromer Pattonsburg Mo

20. FILED 2-22-1934 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

2

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 21 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 31 1928, to Feb 21, 1934
I last saw him alive on Feb 21, 1934 Death is said to have occurred on the date stated above, at 10 55 p m.
The principal cause of death and related causes of importance were as follows:
Maniacal Exaustion with Manic Depres Psychosis Manic Tp 15 B 84
Date of onset Feb 16-34

Other contributory causes of importance:
Facial Erysipelas

Name of operation No Date of
What test confirmed diagnosis? Clin 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, 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
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) D E Miles, M. D.
(Address) State Hospital No 2