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.

JUL 16 1934

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

Do not use this space.

1. PLACE OF DEATH

County: Cape Girardeau — Registration District No. 125 — File No. 19710

Township: Cape Girardeau — Primary Registration District No. 5178 — Registered No. 75

City: Cape Girardeau (No. St Francis Hospital St. Ward)

2. FULL NAME: Thomas Pelley

(a) Residence, No. (Usual place of abode): Anna St. Illinois Ward. Anna, Ill (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 2 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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 16 1876

7. AGE: YEARS 57 — MONTHS 11 — DAYS 18 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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

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): Anna Illinois

FATHER

13. NAME: Joseph Pelley

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

MOTHER

15. MAIDEN NAME: Francis Anders

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ashwell N. Carolina

17. INFORMANT (ADDRESS): Mrs Kate Coffman Anna Ill

18. BURIAL, CREMATION, OR REMOVAL

PLACE: Anna Illinois DATE: 6-6 1934

19. UNDERTAKER (ADDRESS): Nosin Funeral Home Anna Illinois

20. FILED: June 5, 1934 J. M. Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 4 1934

22. I HEREBY CERTIFY, That I attended deceased from June 3, 1934, to June 4, 1934

I last saw him alive on June 3, 1934. Death is said to have occurred on the date stated above, at 10 A.m.

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

Chr Nephritis — Date of onset

131

Other contributory causes of importance:

131

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

(Signed) [signature], M. D.

(Address) Cape Girardeau Mo

Ra Please Sign + Call
124