

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.

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

Do not use this space.

NOV 15 1934

**1. PLACE OF DEATH**

County Ray  
Township Goodland River  
City Hardin (No. ....)

Registration District No. 740  
Primary Registration District No. 5975

File No. 37088  
Registered No. ....  
St. .... Ward)

**2. FULL NAME**

Mrs Elvina Belle Pesel  
(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Widowed-Eugene Francis Pesel

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 18 - 1861

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>73</u>	<u>4</u>	<u>28</u>	

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

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) Hardin (STATE OR COUNTRY) Mo.

FATHER 13. NAME Henry Gibson

14. BIRTHPLACE (CITY OR TOWN) Don't Know (STATE OR COUNTRY) ....

MOTHER 15. MAIDEN NAME Elizabeth Simmens

16. BIRTHPLACE (CITY OR TOWN) Don't Know (STATE OR COUNTRY) ....

17. INFORMANT Elsie Templeton (ADDRESS) Hardin, Mo.

18. BURIAL, CREMATION, OR REMOVAL Hardin Cemetery DATE Oct. 18 1934

19. UNDERTAKER R. B. Boggess (ADDRESS) Hardin Mo.

20. FILED Oct 17 1934 H. Z. Willyford Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 16 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 16 1934 to death 1934. I last saw h. or alive on Oct 16 1934. Death is said to have occurred on the date stated above, at 10:30 P. m.

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

Myocarditis  
Arterio Sclerosis  
Date of onset  
9:30 9:30 1

Other contributory causes of importance: Arterio Sclerosis

Name of operation no Date of no  
What test confirmed diagnosis? Clinical Was there an autopsy? No

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 Carl H Reed, M. D.  
(Signed) Hardin Mo.  
(Address) .....

