

JAN 7 1935

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

Do not use this space.

42822

1. PLACE OF DEATH
County Jackson Registration District No. 398
Township Blue Primary Registration District No. 5554
City _____ (No. _____) St. _____ Ward _____

2. FULL NAME Jubius Michael Puhv
(a) Residence, No. Courtside mo. Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. _____
Registered No. 420

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Mary Puhv
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 26-1895

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
39 3 26

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

13. NAME John Puhv

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hungary

15. MAIDEN NAME Mary Puhv

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

17. INFORMANT Mrs Mary Puhv
(ADDRESS) Courtside mo

18. BURIAL, CREMATION, OR REMOVAL W St Marys DATE 12-24 34
Re mo

19. UNDERTAKER C.D. Olson
(ADDRESS) Independence mo

20. FILED 12-26 34 E. L. Cook
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 23 34

22. I HEREBY CERTIFY That I attended deceased from _____, 19____, _____, 19____
I last saw h _____ alive on _____, 19____, _____, 19____
to have occurred on the date stated above, at 10 P m.
The principal cause of death and related causes of importance were as follows:

Bilateral Pulmonary
Emphysema
2-2
Other contributory causes of importance:

Bilateral Pulmonary T.B.

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury None 34
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 anyway related to occupation of deceased? No
If so, specify _____
(Signed) Vincat F. Peterson M. D.
(Address) 801 3-1255

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.

