MAY 15 1935

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

Do not use this space.

15611

File No.

Registered No. 495

1. PLACE OF DEATH

County Buchanan — Registration District No. 85

Township — Primary Registration District No. 1001

City St. Joseph, Mo. (No. Sisters Hospital St. Ward)

2. FULL NAME Louis Pappas (Alais)

(a) Residence, No. 207 So. 14th 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	Greek	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 15, 1898

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
37	1	16	

OCCUPATION

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

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) Unknown (STATE OR COUNTRY) Greece

FATHER

13. NAME George Papagianakis

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

MOTHER

15. MAIDEN NAME Katherine Gaunas

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

17. INFORMANT Mrs. Louis Pappas (ADDRESS) St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Mt. Aub. DATE 5/3/35 19

19. UNDERTAKER Fleeman Mortuary Inc (ADDRESS) 1946 Calhoun

20. FILED MAY 2 1935 John A. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 1, 3 19 35

22. I HEREBY CERTIFY, That I attended deceased from April 21, 1935, to April May 1, 1935 I last saw him alive on May 1, 1935. Death is said to have occurred on the date stated above, at 3:30 a. m.

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

	Date of onset
Pneumonia, lobar	4/21/35

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Exam. 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? No

If so, specify

(Signed) Matthew H. Gatty M. D.

(Address) Corby Bldg. St. Joseph Mo

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.