

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

Do not use this space.

OCT 22 1935

29076

**1. PLACE OF DEATH**

County Cole Registration District No. 213  
Township \_\_\_\_\_ Primary Registration District No. 3014  
City Jefferson (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 279

**2. FULL NAME** Peter G. Stathas

(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Esther Stathas  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August-15-1878  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .....hrs. or .....min.  
57 1 10

OCCUPATION  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Confectionary Business  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. II  
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) Corinth, Greece

MOTHER FATHER  
13. NAME George Stathakopoulos

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

15. MAIDEN NAME Not Known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

17. INFORMANT Gus Stathas  
(ADDRESS) Jefferson City, Missouri

18. BURIAL, CREMATION, OR REMOVAL  
PLACE St. Louis, Mo. DATE Sept-27--1935

19. UNDERTAKER Thos G Gordon  
(ADDRESS) Jefferson City Mo

20. FILED 9/26/35 1935 Harold M D  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 20, 1935  
22. I HEREBY CERTIFY, That I attended deceased from Sept 22, 1935, to Sept 25, 1935  
I last saw him alive on Sept 20, 1935. Death is said to have occurred on the date stated above, at 6 p.m.  
The principal cause of death and related causes of importance were as follows:

Other contributory causes of importance were as follows:  
Chloralhydrate pneumonia  
Pneumonia  
Date of onset Sept 18/1935

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? Amnat. 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 none  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify (Signed) Dr. Richard, M. D.  
(Address) Jefferson City 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.

