DEC 28 1935

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

Do not use this space.

1. PLACE OF DEATH
County Washington — Registration District No. 887 — File No. 38396
Township ~~Richwoods~~ Liberty — Primary Registration District No. 6189 — Registered No.
City Liberty (No. , St. Ward)

2. FULL NAME John Anthony Pelikan

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 16-1847

7. AGE: YEARS 88 — MONTHS 6 — DAYS 1 — If LESS than 1 day, hrs. or min.

OCCUPATION
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): Austria

FATHER
13. NAME: John Pelikan
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Austria

MOTHER
15. MAIDEN NAME: Mary Pearsovich
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Austria

17. INFORMANT (ADDRESS): John J. Pelikan, Potosi Mo. R.I.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Old-Mines Mo. DATE: 11/18/35, 19

19. UNDERTAKER (ADDRESS): J.B. Boyer & Son, Potosi Mo.

20. FILED: Nov 18, 1935 G.F. Cressaurie, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov. 17th., 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 16, 1935, to Nov 17, 1935
I last saw him alive on Nov. 17, 1935. Death is said to have occurred on the date stated above, at 12.30 AM
The principal cause of death and related causes of importance were as follows:

Myocarditis due to occlusion coronary Arteries

Other contributory causes of importance: Arteriosclerosis

Date of onset

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? No
If so, specify
(Signed) L.F. Cresswell, M. D.
(Address) Potosi 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.

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