WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

MAR 25 1936

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

Do not use this space.

File No. 8690

Registered No. 57

1. PLACE OF DEATH

County St. Louis — Registration District No. 1123

Township Jefferson Barracks — Primary Registration District No. 6248B

City ..... (No. Veterans Administration Facility St. ..... Ward)

2. FULL NAME PELATE, Harvey E.

(a) Residence, No. R. #3 Red Bud, Illinois St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred Un yrs. kno mos. wn 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	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mildred Pelate

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 22, 1889

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
46	5	14	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm

10. Date deceased last worked at this occupation (month and year) Unavailable

11. Total time (years) spent in this occupation Unavai

12. BIRTHPLACE (CITY OR TOWN) Prairie du Rocher
(STATE OR COUNTRY) Illinois

FATHER

13. NAME Unavailable

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

MOTHER

15. MAIDEN NAME Unavailable

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

17. INFORMANT M. Schulig Clinical Clerk
(ADDRESS) Vet. Adm. Facility, Jeff. Brks., Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Red Bud, Ill. DATE Feb. 8 1936

19. UNDERTAKER C. A. Dashner
(ADDRESS) ~~Red Bud~~, Ill. Prairie du Rocher

20. FILED Feb. 6 1936 G Mowry
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 6, 1936

22. I HEREBY CERTIFY, That I attended deceased from January 8, 36, to February 6, 1936,

I last saw him alive on February 6, 1936, Death is said to have occurred on the date stated above, at 4:40 a.m.

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

	Date of onset
Tuberculosis, pulmonary, chronic far advanced, all lobes.	Unkn

Other contributory causes of importance: None.

Name of operation None Date of ....

What test confirmed diagnosis? History, phys. exam., x-ray and lab. findings. 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 .....

(Signed) C. W. HUGHES, M.D., Chief Med. Officer, M.D.

(Address) Vet. Adm. Facility, Jeff. Brks., Mo.