

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 26 1936

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

Do not use this space.

8930
7

1. PLACE OF DEATH

County Taney Registration District No. 859
Township Oliver Primary Registration District No. 6130
City Boonville St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME

Simeon Puderbaugh
(a) Residence, No. _____ St. _____ Ward _____
(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. (If nonresident, give city or town and State)

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 _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 2 - 1847

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
88 3 13

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) Jay Co, Ind

FATHER 13. NAME Jacob Puderbaugh

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

MOTHER 15. MAIDEN NAME Sarah Porter

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) So. Know

17. INFORMANT (ADDRESS) Chas M. Puderbaugh

18. BURIAL, CREMATION, OR REMOVAL PLACE Fort Riley Mo
Mt Grove Church 2-17-36

19. UNDERTAKER (ADDRESS) Howelchel

20. FILED 2/17 1936 John H. Baxter Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-15 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 1st, 1935, to Feb 15, 1936
I last saw him alive on Feb 10th, 1936. Death is said to have occurred on the date stated above, at 3:30 p.
The principal cause of death and related causes of importance were as follows:

Mycocarditis

Date of onset 2/1/36
1 yr.

Other contributory causes of importance: Senility

Name of operation none Date of _____
What test confirmed diagnosis? none 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) Mary T. Egan, M. D.
(Address) Brownville Mo

