

JUN 23 1936

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

Do not use this space.
107
19292
File No. 19292
Registered No. 41
St. _____ Ward)

1. PLACE OF DEATH

County Iron Registration District No. 391
Township Grand Primary Registration District No. 4330
City Newton

2. FULL NAME

Mr. Pedrow
(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 M 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Anna Pedrowa
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 3 - 1899
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
44 6 14

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

13. NAME Michael Pedrow

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

15. MAIDEN NAME Mary Perry

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

17. INFORMANT Anna Pedrowa
(ADDRESS) Newton Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Pilot Knob DATE May 19 1936

19. UNDERTAKER Norman White & Son
(ADDRESS) Newton Mo

20. FILED May 25 1936 R A Rasche
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5 - 17 1936

22. I HEREBY CERTIFY, That I attended deceased from 5-17 1936 to 5-17 1936

I last saw him alive on 5-17 1936 Death is said

to have occurred on the date stated above, at 10 a.m.
The principal cause of death and related causes of importance were as follows:

Cause of Death
Primary

Other contributory causes of importance:

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) George E. _____, M. D.

(Address) Newton - 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.

FEB 5 1945