

OCT 21 1936

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

Do not use this space.

30498

## 1. PLACE OF DEATH

County Franklin  
Township Union  
City Union (No. ...., St. .... Ward)

Registration District No. 296  
Primary Registration District No. 4180

File No. ....  
Registered No. ....

2. FULL NAME Francis Charles Pelot(a) Residence, No. Infirmery at Union, Franklin County Mo.

(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 Anna Flear

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 12, 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
78 7 3

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

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) Iowa

13. NAME Charles Pelot

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

15. MAIDEN NAME Not Known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known

17. INFORMANT Mrs. Geo. Helm (ADDRESS) Washington, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Marthasville, Mo. DATE Aug. 17, 1936 Evangelical Cem.

19. UNDERTAKER Union Furn. Co. (Wm. H. Horn) (ADDRESS) Union, Mo.

20. FILED ..... 19.....

Registrar.

## MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from ..... 1935 to Aug 15, 1936

I last saw him ..... alive on ..... 19..... Death is said

to have occurred on the date stated above, at..... m.

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

Old myocarditis

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....  
What test confirmed diagnosis Chinua Was there an autopsy? no

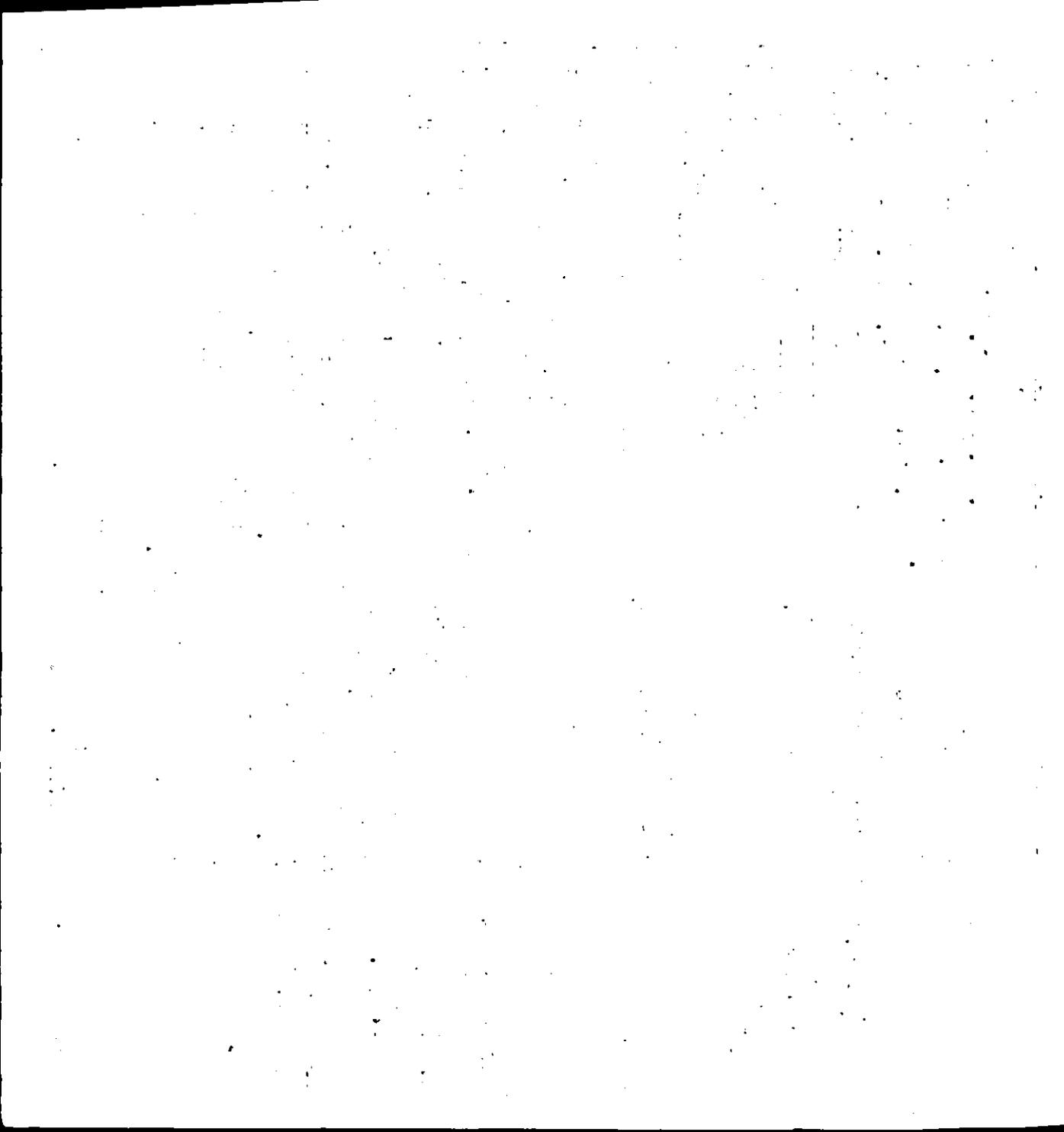
23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

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) J. H. Marshall, M. D.  
(Address) Union, Mo.



NOV 27 1936

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CERTIFICATE OF DEATH

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1. PLACE OF DEATH

County Franklin  
Township.....  
City Union (No. ...., St. .... Ward)

Registration District No. 296  
Primary Registration District No. 4180

File No. 30498  
Registered No. ....

2. FULL NAME

Frances Charles Pelat  
(a) Residence, No. Infirmery, St. .... Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W

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

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

7. AGE YEARS 78 MONTHS 7 DAYS 3 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cigar maker  
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) France

13. NAME Chas. Pelat

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

15. MAIDEN NAME not known

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

17. INFORMANT (ADDRESS) Mrs Geo. Helm Washington, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Worthsville, Mo. DATE Aug 17, 1936

19. UNDERTAKER (ADDRESS) Union Turn. Co. Wm. H. Horn Union, Mo.

20. FILED Aug 17, 1936 gromer Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from ....., 1935, to Aug 15, 1936

I last saw him alive on Aug 15, 1936 Death is said to have occurred on the date stated above, at ..... m.

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

Chr myocarditis  
Other contributory causes of importance:  
Am

Date of onset

Name of operation..... Date of.....

What test confirmed diagnosis? clinical 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) J. P. Marshall, M. D.

(Address) Union, Mo.

S-30498