

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

Do not use this space.

31913

SEP 28 1936

**1. PLACE OF DEATH**

County Perry Registration District No. 660  
 Township Brewer Primary Registration District No. 5875a  
 City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Clarence Pecant  
 (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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 15<sup>th</sup>, 1891

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
44 9

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Treeer  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Int Shoe Co  
 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) Perry Co

13. NAME Justine Pecant

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perry Co

15. MAIDEN NAME Angelina Montgomery

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

17. INFORMANT Mrs Clarence Pecant (ADDRESS) Brewer, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Int Shoe Cem. DATE 8/17, 1936

19. UNDERTAKER Young & Fenwick, Ltd Co (ADDRESS) Perryville, Mo

20. FILED Aug 17, 1936 Joe J. Zoller Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 15<sup>th</sup>, 1936

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

I last saw him alive on Aug 10, 1936 Death is said to have occurred on the date stated above, at 9:00 P.m.

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

Pulmonary tuberculosis (bilateral) Date of onset 1 1/2 yrs

Other contributory causes of importance: Chronic nephritis 2 yrs

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? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) Oscar A. Brown MD M. D.  
 (Address) Perryville, 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.

*Carroll*

