

SEP 21 1936

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

Do not use this space.

35033

1. PLACE OF DEATH

County *Moniteau*Registration District No. *1095*Township *Morreau*Primary Registration District No. *5510*City (No. *52770*)

File No.

Registered No.

St. _____ Ward)

2. FULL NAME

(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 <i>Male</i>	4. COLOR OR RACE <i>W</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>married</i>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Katiz Pedego</i>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Feb 9 - 1886</i>				
7. AGE	YEARS <i>56</i>	MONTHS <i>6</i>	DAYS <i>26</i>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Farmer</i>			
	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	

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Cooper Co Mo.</i>
	13. NAME <i>George Pedego</i>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Ky</i>
	15. MAIDEN NAME <i>Eliza Zimmerman</i>
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Cooper Co. Mo</i>
	17. INFORMANT (ADDRESS) <i>Mrs. R. L. Kay California Mo</i>
	18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Morreau Church DATE 9/16 1936</i>
	19. UNDERTAKER (ADDRESS) <i>Hilleger & Friedmeyer California Mo</i>
20. FILED <i>Sept. 60 1936 J. C. Martin Registrar.</i>	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Sept. 5, 1936*22. I HEREBY CERTIFY, That I attended deceased from *Sept. 5, 1936 to Sept. 5, 1936*I last saw him alive on *sept. 5, 1936* Death is saidto have occurred on the date stated above, at *11:55 P.M.*

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

Date of onset

Coronary Thrombosis Sept. 5

Other contributory causes of importance:

Angina Pectoris since 1934

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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) *G. B. Hanson*, M. D.(Address) *Fortuna Mo*

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.

