REC'D MAR 16 1939

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

Do not use this space.

File No. 6118

Registered No. 84

1. PLACE OF DEATH
County: Cape Girardeau 1
Township: —
City: Cape G. (No. 536 St.)
Registration District No.: 12J
Primary Registration District No.: 3009

2. FULL NAME: John Felix Pentuff

(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: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): M

5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ HUSBAND OF ~~(OR) WIFE OF~~: Laura Cargle

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct 9 - 1863

7. AGE: Years 75 | Months 3 | Days 7 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Jointer Cement
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Plant
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): Cape County O

FATHER
13. NAME: Ellison Pentuff O
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Cape County O

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): .....

17. INFORMANT (ADDRESS): Mrs Laura Pentuff Cape Girardeau Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Mt Chapel Cem DATE: March 8, 1939
Whitewater Mo

19. UNDERTAKER (ADDRESS): Bright & Hawes Cape Girardeau Mo

20. FILED 3 - 6, 1939 Jim Thompson Registrar. (121)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 6, 1939

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw him alive on ....., 19..... Death is said to have occurred on the date stated above, at 6 30 p m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Was the cause death known but E. R. Fischer coroner of Cape Co. Mo after hearing the circumstances stated that the deceased died from Chronic Pneumonia Cause of this death given as Acute Heart	

Other contributory causes of importance: Failure.

JDON

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 March 6, 1939
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) E. R. Fischer Coroner. M.D.
(Address) 4 S. Pacific St Cape Gir. 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.

APR 18 1947