

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.

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

Do not use this space.

133 MAY 22 1939

15814

1. PLACE OF DEATH  
County Polk Registration District No. 685-  
Township Cathlamet Primary Registration District No. 47409  
City Charlottesville No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME John Pegan  
(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND'S (or) WIFE'S NAME Marie E Pegan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 23 - 1843

7. AGE YEARS 95 MONTHS 4 DAYS 24 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

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) Cincinnati Ohio

13. NAME Andrew Pegan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

15. MAIDEN NAME Jane M. Robbins

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

17. INFORMANT (ADDRESS) M. W. Pegan

18. BURIAL, CREMATION, OR REMOVAL PLACE Reservoir DATE Apr 19 1939

19. UNDERTAKER (ADDRESS) Harry L. Barthel

20. FILED May 1 1939 W. W. L. ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/17 1939

22. I HEREBY CERTIFY, That I attended deceased from 4/9/39, 1939, to 4/17/39, 1939.  
I last saw him alive on April 17, 1939. Death is said to have occurred on the date stated above, at 8:30 a.m.  
The principal cause of death and related causes of importance were as follows:  
Heart Disease Bacterial infection  
Cramps in heart muscle  
Due to arterio sclerosis  
Date of onset \_\_\_\_\_

Other contributory causes of importance: 95 b<sup>2</sup> General arterio sclerosis

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 \_\_\_\_\_, 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? no  
If so, specify \_\_\_\_\_  
(Signed) E. M. Bantel, M. D.  
(Address) Charlottesville Mo.

