

SEP 20 1935

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

Do not use this space.

26262

1. PLACE OF DEATH

42 County Greene  
36 Township Waverly  
13 City Wichita (No. \_\_\_\_\_)

Registration District No. 312  
Primary Registration District No. 4209

File No. \_\_\_\_\_  
Registered No. 14  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Peter J. Homan

(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<br><u>Male</u>                                                                                        | 4. COLOR OR RACE<br><u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>married</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF<br><u>Mrs P. J. Homan</u>                       |                                  |                                                                             |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)<br><u>Jan 22-1878</u>                                                |                                  |                                                                             |
| 7. AGE<br><u>57</u>                                                                                          | YEARS<br><u>7</u>                | MONTHS<br><u>7</u>                                                          |
|                                                                                                              |                                  | DAYS<br><u>7</u>                                                            |
|                                                                                                              |                                  | If LESS than 1 day, _____ hrs. or _____ min.                                |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.<br><u>Farmer</u> |                                  |                                                                             |
| 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)<br><u>Iowa</u>                                              |                                  |                                                                             |
| 13. NAME<br><u>Jacob Homan</u>                                                                               |                                  |                                                                             |
| 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)<br><u>Germany</u>                                           |                                  |                                                                             |
| 15. MAIDEN NAME<br><u>Arms</u>                                                                               |                                  |                                                                             |
| 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)<br><u>Germany</u>                                           |                                  |                                                                             |
| 17. INFORMANT <u>Mrs Homan</u><br>(ADDRESS)                                                                  |                                  |                                                                             |
| 18. BURIAL, CREMATION, OR REMOVAL<br>PLACE <u>Montross</u> DATE <u>Aug 30 35</u>                             |                                  |                                                                             |
| 19. UNDERTAKER <u>Welling Bros</u><br>(ADDRESS)                                                              |                                  |                                                                             |
| 20. FILED <u>Aug 27 1935</u> <u>J. M. Miller</u><br>Registrar                                                |                                  |                                                                             |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 28 35

22. I HEREBY CERTIFY, That I attended deceased from 3-5-34, 19\_\_\_\_, to 8-28-35, 19\_\_\_\_.

I last saw him alive on 8-25-35, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 10 P. m.

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

Myocarditis, ch.  
92%

Other contributory causes of importance:  
Arteritis, hypertrophic

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? no  
If so, specify \_\_\_\_\_

(Signed) W. E. Arms, M. D.  
(Address) Appleton City, 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 CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very impor-

1  
2  
10  
10

Elliot