

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

Do not use this space.

27034

1. PLACE OF DEATH

County Montana
Township Highland
City Calipatria (No.)

Registration District No. 371
Primary Registration District No. 4335

File No.
Registered No. 49
St. Ward)

2. FULL NAME

(a) Residence, No. Calipatria St., Ward.

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 24-1876</u>		
7. AGE	YEARS <u>59</u>	MONTHS <u>5</u>
	DAYS <u>15</u>	IF LESS than 1 day, hrs. or min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-5-, 1935

22. I HEREBY CERTIFY, That I attended deceased from 7-3-, 1935, to 8-5-, 1935

I last saw him alive on 8-1-, 1935. 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:

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

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

Chronic Valvular heart-trouble

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

13. NAME Antone Rente

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Piaggi

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

Name of operation none Date of

What test confirmed diagnosis? clinical Was there an autopsy?

17. INFORMANT (ADDRESS) Miss Mrs. E. Budarian California

18. BURIAL, CREMATION, OR REMOVAL PLACE Calipatria DATE Aug 5 1935

19. UNDERTAKER (ADDRESS) Monroe & Co Calipatria

20. FILED 8-7- 1935 H. R. Popejoy Registrar

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) H. R. Popejoy, M. D.
(Address) California

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.

