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

33565

PLACE OF DEATH

County Monitteau

Township Pilot Grove

or Village [illegible]

or City [illegible]

Registration District No. 577

Primary Registration District No. 5775

File No.

Registered No. 14

(NO. St.; Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME Roy Giet

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR OR RACE: White

SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Married

DATE OF BIRTH: 9 (Month) 24 (Day) 1881 (Year)

AGE: 32 yrs. 0 mos. 3 ds.

If LESS than 1 day, hrs. or min.?

OCCUPATION
(a) Trade, profession, or particular kind of work: Miner
(b) General nature of industry, business, or establishment in which employed (or employer): Coal Mining

BIRTHPLACE (City or town, State or foreign country): Monitteau Co Mo

PARENTS

NAME OF FATHER: John M. Giet

BIRTHPLACE OF FATHER (City or town, State or foreign country): Monitteau Co Mo

MAIDEN NAME OF MOTHER: Sallie M. Giet

BIRTHPLACE OF MOTHER (City or town, State or foreign country): Monitteau Co Mo

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John Giet

(ADDRESS) Excelsior Mo

Filed Oct 4 1913 L L Latham REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sep (Month) 27 (Day) 1913 (Year)

I HEREBY CERTIFY, that I attended deceased from June 1, 1913, to Sep 27, 1913, that I last saw h[illegible] alive on Sept 27, 1913, and that death occurred, on the date stated above, at 11 A m.

The CAUSE OF DEATH* was as follows: Miners Consumption

114A

(Duration) 4 mos. 26 ds.

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) H E Blackstock M. D.

9-27 1913 (Address) Excelsior

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted if not at place of death?

Former or usual residence

PLACE OF BURIAL OR REMOVAL: Highland

DATE OF BURIAL: Sep 30 1913

UNDERTAKER: Kidwell

ADDRESS: Monteau

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

PLACE OF DEATH

County.....

Township ..... Registration District No. ..... File No. .....

or

Village..... Primary Registration District No. ..... Registered No. .....

or

City ..... (NO. ..... St.; ..... Ward)

[If death occurred in hospital or institution give its NAME instead of street and number.]

FULL NAME .....

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR OR RACE	SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word)

DATE OF BIRTH

....., 1..... (Month) (Day) (Year)

AGE ..... yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

OCCUPATION

(a) Trade, profession, or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) .....

BIRTHPLACE (City or town, State or foreign country)

PARENTS

NAME OF FATHER

BIRTHPLACE OF FATHER (City or town, State or foreign country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (City or town, State or foreign country)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) .....

(ADDRESS) .....

Filed ....., 191..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

....., 1..... (Month) (Day)

I HEREBY CERTIFY, that I attended deceased ....., 191....., to ....., 19.....

that I last saw h..... alive on ....., 19.....

and that death occurred, on the date stated above, at.....

The CAUSE OF DEATH* was as follows:

.....

.....

.....

(Duration) ..... yrs. ..... mos.

Contributory ..... (SECONDARY)

(Duration) ..... yrs. ..... mos.

(Signed) .....

....., 191..... (Address) .....

*State the Disease Causing Death, or, in deaths from Violent Causes, (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos.

Where was disease contracted if not at place of death? .....

Former or usual residence .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL ....., 19.....
UNDERTAKER	ADDRESS

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)* For persons who have no occupation whatever, write *None.*

...ant, Cook, Housemaid, etc.

...of death.—Name first, the