

REG'D JUN 14 1939

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

19671

Do not use this space.

1. PLACE OF DEATH

(a) County..... St. Francois Registration District No. 773
 (b) Township..... St. Francois Primary Registration District No. 6018A Registered No. 93
 (c) City..... Near Farmington (d) Street No. State Hospital No. 4 St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

430 Barney Peltz
 (a) Residence, No. Farmington, Mo. St.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Eva Warsing Peltz

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 10th 1880

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
58 8 14

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Janitor at court-house
 9. Industry or business in which work was done, as 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) Farmington Missouri

FATHER 13. NAME Samuel Peltz

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

MOTHER 15. MAIDEN NAME Helen Haas

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

17. INFORMANT (ADDRESS) Records of State Hospt. No. 4 Farmington, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Masonic Farmington, Mo. DATE May 27, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) C. Hugo Cozean, Farmington, Mo.

20. FILED May 26, 1939 W. F. Robinson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-24 19 39

22. I HEREBY CERTIFY, That I attended deceased from 5-20, 19 39 to 5-24, 19 39

I last saw him alive on 5-23, 19 39 Death is said to have occurred on the date stated above, at 6:45 am

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

Hypertensive Cardio-vascular disease
Germinal hemorrhagic state of Spinal Cord and brain
 Date of onset unknown
7+ de

Other contributory causes of importance:

Gen Arteriosclerosis - Chronic
Hepatic - Secondary Anemia
Chronic cholecystitis

Name of operation None Date of

What test confirmed diagnosis? Lab. & Clin Was there an autopsy? Yes.

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 None

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) G. Tivis Graves, M. D.

(Address) Farmington, Mo.