4 1928

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

Do not use this space.

19927

1. PLACE OF DEATH
County Buchanan — Registration District No. 85
Township — Primary Registration District No. 1001
City St. Joseph, (No. Missouri Methodist Hospital St. Ward)

File No.
Registered No. 719

2. FULL NAME Henry Thomas Pistole,

(a) Residence. No. St., Ward Hopkins, Mo.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Juten Pistole,

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 25, 1855

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	7	9	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer,
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Pickering, Missouri
(STATE OR COUNTRY) Missouri,

PARENTS
10. NAME OF FATHER Thomas Pistole,
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Unknown,
12. MAIDEN NAME OF MOTHER Mandy Neal
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Ohio,

14. INFORMANT Mrs Thomas Pistole
(Address) Hopkins, Missouri

15. Filed ..., 19... John G. Ott Registrar

3

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 4 1928

17. I HEREBY CERTIFY, That I attended deceased from May 1, 1928, to June 11, 1928, that I last saw him alive on June 3, 1928, and that death occurred, on the date stated above, at 2 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bronchial Pneumonia
137 / 107 A O D
(duration) yrs. mos. 14 ds.
CONTRIBUTORY (SECONDARY) Enlarged Prostate
(duration) 1 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Hopkins Mo
DID AN OPERATION PRECEDE DEATH? No DATE OF May 4-28
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) W. F. Schaaf, M. D.
June 4, 1928 (Address) St Joseph Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Hopkins, Missouri,
DATE OF BURIAL June 6 1928

20. UNDERTAKER Heaton-Begole Funeral Home by J. M. Kane
ADDRESS 319 S. 10 St. Funeral Home

N. B.—Every item of information should be carefully supplied. AGE should be dated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1928