

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

Do not use this space.

8150

1. PLACE OF DEATH

County Cole
Township Jefferson
City Jefferson

Registration District No. 213
Primary Registration District No. 3514

File No. _____
Registered No. 9 St. _____ Ward)

2. FULL NAME

(a) Residence No. 421 Clark 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

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Widowed

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

3-20-1930

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF

Christine Puchous

17. I HEREBY CERTIFY, That I attended deceased from

3-20-1930, to 3-21-1930, and that I last saw him alive on 3-20-1930, and that death occurred, on the date stated above, at 12:30 m.

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

2-9-1861

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Hemorrhage
82A

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
<u>69</u>	<u>1</u>	<u>11</u>	

97 (duration) _____ yrs. _____ mos. 1 ds.

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 Retired 3 yrs.

CONTRIBUTORY (SECONDARY) Arteriosclerosis

(duration) 2 yrs. _____ mos. _____ ds.

9. BIRTHPLACE (CITY OR TOWN)

Coelzytown Mo.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH That

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) H. J. [Signature] M.D.

8-27-1930 (Address) Jefferson City Mo

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

10. NAME OF FATHER

Herman Puchous

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Germany

12. MAIDEN NAME OF MOTHER

Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Germany

14. INFORMANT

Herman Puchous
J.B. Mo

19. PLACE OF BURIAL, CREMATION OR REMOVAL

Wardville Mo.

DATE OF BURIAL

3-23-1930

15. FILED

4-9-30 Sh. B. [Signature] REGISTRAR

20. UNDERTAKER

C. P. Hennicke

ADDRESS

J.B. Mo.

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.

APR 28 1930

