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

36849
Do not use this space.

1. PLACE OF DEATH
(a) County Perry — Registration District No. 660
(b) Township Central — Primary Registration District No. 4396 — Registered No.
(c) City Perryville — (d) Street No. ..... 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 Emil Miget 230
(a) Residence, No. ..... 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): single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 9 1920

7. AGE — YEARS: 19 — MONTHS: 6 — DAYS: 20 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer
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) Perry Co, Mo.

FATHER
13. NAME Emil Miget
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perry Co, Mo.

MOTHER
15. MAIDEN NAME Lone Tucker
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perry Co, Mo.

17. INFORMANT (ADDRESS) Wilbert Miget Perryville, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Perryville Mo. DATE Oct. 31 1939

19. FUNERAL DIRECTOR (NAME) Young & Sons (ADDRESS) Perryville Mo. 505

20. FILED 10-31 1939 Jos J Zoellner Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 29 1939, 19

22. I HEREBY CERTIFY, That I attended deceased from Oct 29 1939, 19 ..., to Oct 29 1939, 19 ...
I last saw him alive on Oct 29 1939, 19 ... Death is said to have occurred on the date stated above, at 1 A.m.
The principal cause of death and related causes of importance were as follows:

Automobile collision, died 20 minutes afterwards
Internal hemorrhage and probable basal fracture of the skull.

Date of onset

Other contributory causes of importance:
none

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accident Date of injury Oct 29 1939
Where did injury occur? Highway 25, Perryville (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury Automobile collision
Nature of injury broken jaw, internal injury

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify no
(Signed) Wm H Bailey Coroner, M. D.
(Address) Perryville Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ...

....., or by .....,

Registered Apprentice No....., working under my personal supervision.

Signed Edward C. Young

Licensed Embalmer No. 2138

P. O. Address Perryville Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

FILL IN ANSWERS TO ALL SPACES CHECKED IN RED PENCIL.

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CERTIFICATE OF DEATH

36849
Do not use this space.

1. PLACE OF DEATH
(a) County: Perry — Registration District No.: 660
(b) Township: — Primary Registration District No.: 4396 — Registered No.:
(c) City: Perryville — (d) Street No.: ..... 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: Emil Magel
(a) Residence, No. ..... St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): S

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

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

7. AGE: YEARS 19 — MONTHS 6 — DAYS 20 — If LESS than 1 day, ...hrs. or ....min.

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

FATHER
13. NAME
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE ..... DATE ..... 19..

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED ..... 19.. ..... Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 29, 1930

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.. to ..... 19..
I last saw h. alive on ..... 19.. Death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Automobile Collision	
Died 20 minutes afterward	
Internal Hemorrhage	
and Probable Edema	
Fracture of Skull	

Other contributory causes of importance:
Collision with another automobile

Name of operation: None — Date of
What test confirmed diagnosis? — Was there an autopsy? No

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: Collision with another automobile
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Wm H. Bailey Coroner
(Address) Perryville Mo

SUPPLEMENTARY