

18597

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

1. PLACE OF DEATH

County IronRegistration District No. 392Township GrandPrimary Registration District No. 4231City Pilot Knob Mo (No. 5310)

St.

Ward

2. FULL NAME To Let Piester(a) Residence, No. Pilot Knob, Missouri St.

(Usual place of abode)

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds.How long in U. S., if of foreign birth? 48 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. COLOR OR RACE

white

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

Widower

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

Widower

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

July 17-1866

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

73103

OCCUPATION

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

Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Faerm

10. Date deceased last worked at this occupation (month and year)

Oct, 1939

11. Total time (years) spent in this occupation

50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Hungary

13. NAME

Hes Piester

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

Hungary

15. MAIDEN NAME

Sophia White

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

Hungary

17. INFORMANT (ADDRESS)

Albert Piester Pilot Knob Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Pilot Knob Catholic DATE May 22 1940

19. UNDERTAKER (ADDRESS)

Ricker & Richardson Newton Mo

20. FILED

May 24, 1940L J Effinger Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 20 194022. I HEREBY CERTIFY, That I attended deceased from August 1939, to May 20 1940I last saw him alive on May 19 1940 Death is saidto have occurred on the date stated above, at 8:45 P m.

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

Myocarditis, chronicDate of onset 1935

Other contributory causes of importance:

Arterial sclerosis, generalName of operation no Date ofWhat test confirmed diagnosis? Phys. Ex. 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

Nature of injury

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

If so, specify

(Signed)

Ben W. Bull

M. D.

354 (Address) Shawton, Mo.

FILED JUN 14 1940

