

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

Do not use this space.

1. PLACE OF BIRTH SEP 25 1937 2
 County Saline Registration District No. 795-36038 File No. 31909
 Township Grand Pass Primary Registration District No. 6036 Registered No.
 City Malta Bend (No. St. Ward)

2. FULL NAME Ethel Pelot
 (a) Residence, No. St. Ward.
 (Usual place of abode) (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

3. SEX Female 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) Mar 14 1887
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or, min.
34 50 4 22
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
 9. Industry or business in which work was done, as silk mill, 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) Blackburn Mo.

MOTHER FATHER 13. NAME Hy. J. Pelot

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

15. MAIDEN NAME Anne Halley

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

17. INFORMANT Frank Pelot (ADDRESS) Marshall Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Blackburn Cem. DATE Aug. 8. 1937

19. UNDERTAKER (ADDRESS) Wedge & Maines Blackburn Mo.

20. FILED 8-10-37 1937 W. M. Moore Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 6 1937

22. I HEREBY CERTIFY, That I attended deceased from October 1931 to Aug 6 1937
 I last saw him alive on July 25 1937 Death is said to have occurred on the date stated above, at 10:15 am.
 The principal cause of death and related causes of importance were as follows:

Myocarditis

Date of onset
 Other contributory causes of importance:
9/25/37

Name of operation Date of
 What test confirmed diagnosis? clinical 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) P. S. James M. D.
 (Address) Blackburn Mo.

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

