

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

Do not use this space.

**JUN 25 1929**

17957

**1. PLACE OF DEATH**

County Iron Registration District No. 391  
Township Armadillo Primary Registration District No. 4230  
City Trouton (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 32  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

William D. Pew

(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** Male **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)** Married  
**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF** Mildred Bunker  
**6. DATE OF BIRTH (MONTH, DAY AND YEAR)** Sept 1-18 71  
**7. AGE** YEARS 87 MONTHS 8 DAYS 3 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work. Retired  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY) Unknown

**10. NAME OF FATHER**

Unknown

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY) Unknown

**12. MAIDEN NAME OF MOTHER**

Unknown

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY) Unknown

**14.**

INFORMANT Edward D. Pew  
(Address) Trouton Missouri

**15.**

FILED 5/21 1929 R.A. Rasche  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** May 21 1929  
**17.** I HEREBY CERTIFY, That I attended deceased on July 27, 1929, to May 21, 1929, that I last saw him alive on May 19, 1929, and that death occurred, on the date stated above, at 7-0 clock a. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Chronic Bright's Disease  
131  
162 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

CONTRIBUTORY Old age  
(SECONDARY) (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**18. WHERE WAS DISEASE CONTRACTED** 1929  
IF NOT AT PLACE OF DEATH \_\_\_\_\_

**19. DID AN OPERATION PRECEDE DEATH?** No. DATE OF \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS? None  
(Signed) Edward B. Bannhouse M. D.

5/21, 1929 (Address) Trouton 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** Love Cemetery DATE OF BURIAL May 23 1929

**20. UNDERTAKER** Harmon White ADDRESS Trouton 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.

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RECORD PERMANENT THIS IS A PERMANENT RECORD

