

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

Do not use this space.

MAR 7 1935

**1. PLACE OF DEATH**

County Clay Registration District No. 744  
 Township Richmond Primary Registration District No. 3035  
 City Richmond (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

6560

File No. \_\_\_\_\_  
 Registered No. 8

**2. FULL NAME** Andrew Puigquist

(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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 8 1851

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
83 1 24

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Merchant  
 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) Ill.

13. NAME Peter Puigquist

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

15. MAIDEN NAME Anna Puigquist

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

17. INFORMANT W. F. Yates  
 (ADDRESS) Richmond Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Richmond Mo DATE 2/4/35 19

19. UNDERTAKER C. M. Gomer  
 (ADDRESS) Richmond Mo

20. FILED 2-8 1935 E. E. Ray Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 2 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 4, 1933 to Feb 2, 1935  
 I last saw him alive on Feb 2, 1935 Death is said to have occurred on the date stated above, at 7:30 P.M.  
 The principal cause of death and related causes of importance were as follows:

Arteriosclerosis  
 Date of onset \_\_\_\_\_  
 Other contributory causes of importance: Age

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? \_\_\_\_\_ 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) E. O. Green M. D.  
 (Address) Richmond 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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24

