PLACE OF DEATH

County Lawrence

Township —

or

Village —

or

City Pierce (NO. St.: Ward)

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

Registration District No. 471 File No. 2 34453

Primary Registration District No. 14284 Registered No. 58

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME J L Velten

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR OR RACE: White

~~SINGLE~~ MARRIED ~~WIDOWED~~ ~~OR DIVORCED~~ (Write the word)

DATE OF BIRTH: Oct (Month) 25 (Day), 1887 (Year)

AGE: 30 yrs. 11 mos. 16 ds.

If LESS than 1 day, ___ hrs. or ___ min.?

OCCUPATION
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer): —

BIRTHPLACE (City or town, State or foreign country): St Louis Mo

PARENTS

NAME OF FATHER: Joe Velten

BIRTHPLACE OF FATHER (City or town, State or foreign country): Ohio

MAIDEN NAME OF MOTHER: Mary Simmons

BIRTHPLACE OF MOTHER (City or town, State or foreign country): Kansas

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Joe Velten

(ADDRESS) Pierce City Mo

Filed Oct 11, 1918. J E Bomhill REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Oct (Month) 10 (Day), 1918 (Year)

I HEREBY CERTIFY, that I attended deceased from Oct. 8, 1918, to Oct. 10, 1918, that I last saw him alive on Oct. 10, 1918, and that death occurred, on the date stated above, at 9 P m.

The CAUSE OF DEATH* was as follows:

Influenza 10

11A

107A

(Duration) ___ yrs. ___ mos. 5 ds.

Contributory (SECONDARY) Broncho-Pneumonia

(Duration) ___ yrs. ___ mos. 2 ds.

(Signed) E B Wright M. D.

Oct. 11, 1918 (Address) Pierce City Mo

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.

Where was disease contracted if not at place of death?

Former or usual residence

PLACE OF BURIAL OR REMOVAL: Pierce City Mo

DATE OF BURIAL: Oct 11, 1918

UNDERTAKER: John Seufert

ADDRESS: Pierce City Mo

PLACE OF DEATH

County.....

Township .....
or
Village.....
or
City .....(NO. ....St.;.....Ward)

MISSOURI STATE BOARD
BUREAU OF VITAL STA
CERTIFICATE OF DEA

Registration District No..... File No.....

Primary Registration District No..... Registered No.....

FULL NAME .....

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR OR RACE	SINGLE MARRIED WIDOWED OR DIVORCED (*Write* the word)

DATE OF BIRTH

.....(Month) .....(Day), 1..... (Year)

AGE .....yrs.....mos.....ds.

If LESS than 1 day, ...hrs. or ....min.?

OCCUPATION
(a) Trade, profession, or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) .....

BIRTHPLACE
(City or town, State or foreign country)

PARENTS

NAME OF FATHER

BIRTHPLACE OF FATHER
(City or town, State or foreign country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER
(City or town, State or foreign country)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant).....

(ADDRESS).....

Filed ....., 191....., ...
REGISTRAR

MEDICAL CERTIFICATE OF DEAT

DATE OF DEATH

.....(Month)

I HEREBY CERTIFY, that I attend

....., 191....., to.....

that I last saw h.....alive on.....

and that death occurred, on the date stated a

The CAUSE OF DEATH* was as follows:

.....

.....

.....

.....(Duration).....yrs.....

Contributory.....
(SECONDARY)

.....(Duration).....yrs.....

(Signed).....

....., 191..... (Address).....

*State the Disease Causing Death, or, in deaths from (1) Means of Injury; and (2) whether Accidental, Suicidal, or H

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIO RECENT RESIDENTS)

At place of death.....yrs.....mos.....ds. In the State.....yrs.

Where was disease contracted if not at place of death? .....

Former or usual residence.....

PLACE OF BURIAL OR REMOVAL	DATE

UNDERTAKER	ADD