

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

17143

1. PLACE OF DEATH

County Crawford Registration District No. 230 File No. _____
 Township Ksathrew Primary Registration District No. 5313 Registered No. 86
 City _____ (No. _____) St. _____ (Word)

2. FULL NAME Harry J Pabst

(a) Residence. No. _____ St. _____ Ward. _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 9 yrs. _____ mos. _____ ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 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 Larry J Pabst
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 23 - 1892
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
28 8 5

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Farmer
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) St Louis
 (STATE OR COUNTRY) MO

10. NAME OF FATHER Henry Pabst

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Minnie Beckham

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St Charles Mo
 (STATE OR COUNTRY)

14. INFORMANT Mrs P H Beckham
 (Address) La Grange Mo

15. FILED WJ-3 21 9.9.21 Herzog REG. AR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7-28 1924
 17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw h. _____ alive on _____, 19____, and that death occurred, on the date stated above, at 12:30 P. m.
 THE CAUSE OF DEATH* WAS AS FOLLOWS:

Perniciosa Malaria
3 (duration) yrs. 5 mos. 5 ds.

CONTRIBUTORY (SECONDARY) _____ (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED _____
 IF NOT AT PLACE OF DEATH? _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) William H. Brewer, M. D. (Address) St James 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. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Oak Ridge DATE OF BURIAL VII-31-1921

20. UNDERTAKER W E Licklider ADDRESS St James 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.

