

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

Do not use this space.

4228

1. PLACE OF DEATH

County Christian
Township Salisbury
City Salisbury

Registration District No. 175
Primary Registration District No. 37104

File No.
Registered No. 14
St. Ward

2. FULL NAME Thomas Karcher

(a) Residence, No. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) M

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Katie Karcher

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 3-1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
63 | 8 | 3

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Merchant
(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) Germany

10. NAME OF FATHER Thos. Karcher

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

12. MAIDEN NAME OF MOTHER unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

14. INFORMANT (Address) George Henry Karcher
Salisbury Mo

15. FILE # 2/4/27 G W Rowkins REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 6 1927

17. I HEREBY CERTIFY, That I attended deceased from May 22, 1926, to Feb 6, 1927 that I last saw him alive on Feb 5, 1927, and that death occurred, on the date stated above, at 2-15 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocarditis
90%
unknown (duration) yrs. mos. da.
CONTRIBUTORY (SECONDARY) Generalized arteriosclerosis unknown (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH:

19. DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Ralph Williams
2/6, 1927 (Address) Salisbury 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 Salisbury Cemetery DATE OF BURIAL 2/9 1927
20. UNDERTAKER Winkelmeier Bro ADDRESS Salisbury

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. FB 2 1927

