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

Do not use this space.

29876

N 23 1927

1. PLACE OF DEATH Cole
County
Township
City Jefferson (No. 1 St. Ward)

Registration District No. 213
Primary Registration District No. 3014

File No.
Registered No. 266

2. FULL NAME Mary Herbrandt

(a) Residence. No. 1119 E Elm 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 Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 18 - 1905

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
21	11	28	

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

9. BIRTHPLACE (CITY OR TOWN) Jefferson City
(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER John Herbrandt
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Cole Co
(STATE OR COUNTRY) Mo
12. MAIDEN NAME OF MOTHER Regina Veltrop
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Holland
(STATE OR COUNTRY)

14. INFORMANT Jno Herbrandt
(Address) 1119 E Elm St

15. FILED Oct 26, 1927 L. O. Bedford M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

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

17. I HEREBY CERTIFY, That I attended deceased from Oct 15, 1927, to Oct 16, 1927, that I last saw her alive on Oct 16, 1927, and that death occurred, on the date stated above, at 7 ~~A.M.~~ ~~P.M.~~ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar Pneumonia
108
85
101 A
(duration) yrs. mos. 1 ds.

CONTRIBUTORY (SECONDARY) Epilepsy
(duration) 8 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? Clinical
(Signed) Jas. A. Hill, M. D.
Oct 18, 1927 (Address) Jefferson City 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 St Peters Ave
DATE OF BURIAL Oct 18 1927

20. UNDERTAKER Lawson-Tanner
ADDRESS JC Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.