

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.

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

Do not use this space.

34135

1928
JAN 5
PLACE OF DEATH

County Miller
Township Jefferson
City Clear (No. _____)

Registration District No. 563
Primary Registration District No. 1-3-5-1

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) month 1910

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ____ hrs. or ____ min.
17 8 7

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) Monticello
(STATE OR COUNTRY) Mo

10. NAME OF FATHER David S. Bopuign

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

12. MAIDEN NAME OF MOTHER Ellie Horden

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

14. INFORMANT Elvina Kuegler
(Address) Clear Mo

15. FILED 11/14 1927 J.E. Nite
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11/13 19 27

17. I HEREBY CERTIFY That I attended deceased from Nov 5, 1927, to Nov 13, 1927
that I last saw him alive on Nov 13, 1927, and that death occurred, on the date stated above, at 8:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Zyphoid Fever

(duration) yrs. mos. 15 da.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH..... DATE OF.....

WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed) G. St. Walke, M. D.

, 19 (Address) Eldon 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 Shriner Garden DATE OF BURIAL Nov 14 1927

20. UNDERTAKER Phillips Ma. ADDRESS Eldon Mo

