

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

Do not use this space.

36358

1. PLACE OF DEATH

County Calo

Registration District No. 214

Township Morrow

Primary Registration District No. 52

City..... (No.....) St..... Ward)

File No.....

Registered No. 30

2. FULL NAME

John M. Hirschvogel

(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 37 yrs. 1 mos. 5 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 11 1927

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

I HEREBY CERTIFY, That I attended deceased from Dec 10 1927 to Dec 11 1927 that I last saw him alive on Dec 10 1927, and that death occurred, on the date stated above, at 6:50 P.M.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 6 1890

THE CAUSE OF DEATH WAS AS FOLLOWS:
Tuberculosis of Lungs

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
37 | 1 | 5 | 0 | 0 | 0

31 (duration) yrs. 9 mos. ds.

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

CONTRIBUTORY (SECONDARY) 31 (duration) yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russellville Mo

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

10. NAME OF FATHER Mathias Hirschvogel

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

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

WAS THERE AN AUTOPSY.....

12. MAIDEN NAME OF MOTHER Julia Bossbach

WHAT TEST CONFIRMED DIAGNOSIS (Signed) G. S. Glover, M. D.
12-13, 1927 (Address) Russellville Mo

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

14. INFORMANT John M. Hirschvogel
(Address) Russellville Mo

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Brazito Cem. DATE OF BURIAL 12/13 1927

15. FILED 12-19-27 Hugh L. Colver REGISTRAR

20. UNDERTAKER G. H. Bluffens ADDRESS Russellville Mo

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

PHYSICIANS should state

1927

