

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

Do not use this space.

319

**1. PLACE OF DEATH**

County Buchanan Registration District No. 85 File No. \_\_\_\_\_  
 Township St Joseph Former Registration District No. 1001 Registered No. 131  
 City St Joseph Hospital (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence. No. 803 20 11 1/2 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 10, 1868

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.	
				<u>59</u>	<u>10</u>

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Flagman  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Mainheim  
 (STATE OR COUNTRY) Germany

10. NAME OF FATHER unk

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

12. MAIDEN NAME OF MOTHER Phillippa

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

14. INFORMANT Ernest F Keller  
 (Address) 305 N 15th

15. FILED 1928 John B. City REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jun 30 1928

17. I HEREBY CERTIFY That I attended deceased from Jun 23 1928 to Jun 30 1928  
 that I last saw Ernest alive on Jun 30 1928, and that death occurred, on the date stated above, at 9:30 a.m.

**THE CAUSE OF DEATH WAS AS FOLLOWS:**

Bronch. pneumonia  
101 R  
101 R  
 (duration) yrs. mos. ds.

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

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

19. DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_  
 (Signed) John F. Keller M. D.  
Jun 28 1928 (Address) St Joseph 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 Creston, Iowa DATE OF BURIAL Feb. 1, 1928

20. UNDERTAKER Fleming Funeral Home ADDRESS 1208 Francis

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.

EB 20 1928

