

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

Do not use this space

2574

1. PLACE OF DEATH

County.....

Registration District No. 791

File No.

Township.....

Primary Registration District No. 1003

Registered No. F 126

City Spring (No. Cery/Repetay)

St. Ward)

2. FUEL NAME

(a) Residence. No. 3945 1/2 Sassy St., 18 Ward.

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. 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) Jan 3 1928

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

17. I HEREBY CERTIFY, That I attended deceased from Dec 30, 1927 to Jan 3, 1928 that I last saw him alive on Jan 3, 1928, and that death occurred, on the date stated above, at 1 N 8th St.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Lobar Pneumonia

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 3 - 1884

7. AGE YEARS 43 MONTHS 7 DAYS If LESS than 1 day, hrs. or min.

10 10 10 (duration) yrs. mos. ds.

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

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

9. BIRTHPLACE (CITY OR TOWN)..... (STATE OR COUNTRY) Missouri

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

10. NAME OF FATHER James Redman

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

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

20. WAS THERE AN AUTOPSY?.....

12. MAIDEN NAME OF MOTHER May B. B.

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) John Smith M.D. 1/3, 1928 (Address) Cery/Repetay

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

*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 Charles (Address) Cery/Repetay

19. PLACE OF BURIAL, CREMATION, OR REMOVAL KENNETT Mo. DATE OF BURIAL JAN 5 1928

15. FILED JAN 3 1928 Wm. C. Starkloff REGISTRAR

20. UNDERTAKER Wm. H. PROSTER ADDRESS 4234 MANCHESTER

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.

Redman