

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

Do not use this space.

8282

1. PLACE OF DEATH

County Cole

Registration District No. 213

File No. _____

Township _____

Primary Registration District No. 3014

Registered No. 51

City Jefferson (No. _____)

St. _____ Ward _____

2. FULL NAME

Paul Chas. Laik

(a) Residence. No. 519 N. Alton 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 OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr. 27 - 1927

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
7 10 6

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

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

10. NAME OF FATHER Wm. Flick

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

12. MAIDEN NAME OF MOTHER Louise Holmes

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

14. INFORMANT Wm. Flick (Address) J.C. Mo.

15. FILED 2-28-28 D. V. Bradford REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar. 4 1928

17. I HEREBY CERTIFY That I attended deceased from 3-3 1928, to 3-4 1928 that I last saw him alive on 3-4 1928, and that death occurred, on the date stated above, at 9 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Intestinal obstruction
12 hrs. (duration) yrs. mos. 2 da.
CONTRIBUTORY (SECONDARY) Intestinal obstr.
Intussusception (duration) yrs. mos. 2 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) M. R. Geddes, M. D.
Mo., 1928 (Address) J.C.

*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. Petersheim DATE OF BURIAL 3-5-1928

20. UNDERTAKER G. P. Hurrichel ADDRESS J.C. Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. AGE should be carefully supplied. OCCUPATION should be carefully supplied. Exact statement of OCCUPATION is very important. 1928

