Mays

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

Do not use this space.

8472

1. PLACE OF DEATH

County Franklin — Registration District No. 297 — File No.

Township St. Johns — Primary Registration District No. 544 — Registered No. 27

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

2. FULL NAME Clemens Joseph Nordmeyer,

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

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 10, 1867

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	60	8	27	

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) Cincinnati Ohio
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Hermann Nordmeyer.

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

12. MAIDEN NAME OF MOTHER Isabel Lefrink

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

14. INFORMANT Mrs. Isabel Nordmeyer
(Address) St. Vilbyin R. Mo.
Villa Ridge

15. Mch 17, 1928 O. L. Minnich
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 17 1928

17. I HEREBY CERTIFY, That I attended deceased from Mar 1, 1928, to Mar 17, 1928, that I last saw him alive on Mar 11, 1928, and that death occurred, on the date stated above, at 12 30 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pernicious Anemia

71A 58A

(duration) Not known yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Not known

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

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? —

DID AN OPERATION PRECEDE DEATH? No DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Blood analysis

(Signed) Frank G. Mays, M. D

Mar 17 1928 (Address) Washington, 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	DATE OF BURIAL
Calvery Cemetery, St. Louis	Mar. 20, 1928
20. UNDERTAKER Otto & Co.	ADDRESS Washington, Mo.

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.