

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

Do not use this space.

10903

1. PLACE OF DEATH

County.....
Towship.....
City.....

Registration District No. **791**
Primary Registration District No. **1003**

File No.....
Registered No. **2727**
St. **(79)** Ward

2. FULL NAME

(a) Residence, No. **1217 N. Jefferson** St., **21** Ward.

Preve Court Mo.
(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) *Widowed*

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *May 10 1847*

7. AGE YEARS MONTHS DAYS **IF LESS than 1 day, hrs. or min.**
80 10 0

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work *Retired*
(b) General nature of industry, business, or establishment in which employed (or employer) *Farm*
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN; STATE OR COUNTRY) *Matthes Missouri*

10. NAME OF FATHER *George Kert*

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

12. MAIDEN NAME OF MOTHER *Unknown*

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

14. INFORMANT *Henry Kert*
(Address) *1217 N. Jefferson*

15. FILED *maula Starckoff* REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *March 10 1928*

17. I HEREBY CERTIFY That I attended deceased from *25/3/28* to *3/10/28* that I last saw *him* alive on *3/10/28*, 19*28*, and that death occurred, on the date stated above, at *11:15 a.m.*

THE CAUSE OF DEATH WAS AS FOLLOWS:
Acute Broncho Pneumonia

CONTRIBUTORS (SECONDARY) *La Grippe (not Influenza)*
(duration) yrs. mos. da. *10*

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

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

WHAT TEST CONFIRMS NONRESIDENT? *Principal symptoms*

(Signed) *Chas. P. Mott*, M. D.
3/10 1928 (Address) *3903 Lee*

*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 *Preve Court Mo.* **DATE OF BURIAL** *March 11 1928*

20. UNDERTAKER *Chas. P. Mott* **ADDRESS** *781 E. Brady*

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.

