

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

Do not use this space.

11237

1. PLACE OF DEATH

County.....

Registration District No.....

781

1003

File No.....

Township.....

Primary Registration District No.....

Registered No.....

3068

City.....

(No.....)

St.....

Ward.....

2. FULL NAME

(a) Residence. No.....

(Usual place of abode)

17

Ward.

Length of residence in city or town where death occurred

10 yrs.

mos.

ds.

How long in U.S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS**3. SEX**

male

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF**6. DATE OF BIRTH (MONTH, DAY AND YEAR)**

April 16 - 1867

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Missouri

10. NAME OF FATHER

unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Irk

12. MAIDEN NAME OF MOTHER

unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Irk

14.

INFORMANT

(Address)

City 1003

15.

FILED

10 1928

Wm C Stanley

REGISTRAR

MEDICAL CERTIFICATE OF DEATH**16. DATE OF DEATH (MONTH, DAY AND YEAR)**

March 18 1928

17.

I HEREBY CERTIFY That I attended deceased from March 14, 1928, to March 18, 1928, that I last saw him alive on March 18, 1928, and that death occurred, on the date stated above, at 9:20 p.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Lobar Pneumonia
108

CONTRIBUTORY (SECONDARY)**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH.....

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

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?.....

(Signed).....

19, 1928

(Address).....

*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**

Sanitary No

March 19 1928

20. UNDERTAKER**ADDRESS**

Anderson & Sons 6175 Denny

James