

MAY 31 1928

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

12865

## 1. PLACE OF BIRTH

County Sussex  
 Township Conan  
 City Conan (No.       )

Registration District No. 305  
 Primary Registration District No. 5H22

File No.         
 Registered No. 10  
 St.        Ward       

## 2. FULL NAME

(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 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) 8-4-1880

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
47 8 7                     

## 8. OCCUPATION OF DECEASED

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

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Nat. Kansas  
 (STATE OR COUNTRY)

10. NAME OF FATHER Nat. Kansas

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

12. MAIDEN NAME OF MOTHER Nat. Kansas

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

14. INFORMANT Mr. Charles J. Ferrell  
 (Address) Owensville Mo.

15. FILED 4-10-1928, J. J. Ferrell, REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4-6-1928

17. I HEREBY CERTIFY, That I attended deceased from 3-25-1928 to 4-6-1928, 1928.

that I last saw him alive on 4-1-1928, and that death occurred, on the date stated above, at 4-6-25-800 m. 8308 m

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Influenza

CONTRIBUTORY (SECONDARY) 11/13

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) Dr. Edw. Mellis, M. D.

4-6-1928 (Address) Owensville 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

Burial 4-7-1928

20. UNDERTAKER W. F. Gottenstrater ADDRESS Owensville Mo.

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.

