

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

Do not use this space.

14310

1. PLACE OF DEATH

County..... Perry Registration District No. 663
Township..... St Marks Primary Registration District No. 5881
City..... (No.....) St. Ward.....

File No.
Registered No. 5

2. FULL NAME

Frederick Stortz

(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 32 yrs. - mos. - ds. How long in U.S., if of foreign birth? 54 yrs. - mos. - ds.

PERSONAL AND STATISTICAL PARTICULARS

2 MEDICAL CERTIFICATE OF DEATH

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

Mary North Stortz

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

Nov. 20, 1857

7. AGE

YEARS	MONTHS	DAY	IF LESS than 1 day, hrs. or min.
<u>70</u>	<u>5</u>	<u>1</u>	

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

Farmer
Farming

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

Hannover
Germany

10. NAME OF FATHER

Christian Stortz

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

Hannover
Germany

12. MAIDEN NAME OF MOTHER

Mary Kient

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

Hannover
Germany

14. INFORMANT

Freund Stortz
Perryville, Mo.

15. FILED

4 21 28
By J Duwall
REGISTRAR

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

April 21, 1928

17.

I HEREBY CERTIFY, That I attended deceased from April 1, 1928, to April 21, 1928, that I last saw him alive on April 20, 1928, and that death occurred, on the date stated above, at 9:00 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

MIocarditis
Chronic
2 2 0 1 (duration) yrs. mos. 20 da.
Chronic of liver
CONTRIBUTORY (SECONDARY) 4 mos. 21 da.

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?

General symptoms

(Signed)

C. A. Neider, M. D.

, 19 (Address)

Perryville, Mo.

*State the DISEASE CAUSING DEATH, or in death 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

Silva Lake Caw.

4-23-1928

20. UNDERTAKER

ADDRESS

Fellow-Young Und.C.

Perryville, 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.

