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

Do not use this space.

16082

1. PLACE OF DEATH
County: Bates
Township:
City: Rich Hill (No. ..... St. ..... Ward)
Registration District No. 53
Primary Registration District No. 3005
File No.
Registered No. 50

2. FULL NAME: Leo Hirsch

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5a. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF: Della Hirsch

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Feb. 22 - 1868

7. AGE: Years 60 | Months 1 | Days 17 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DEACESED
(a) Trade, profession, or particular kind of work: Merchant
(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): Germany

PARENTS
10. NAME OF FATHER: Do not Know
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): Germany
12. MAIDEN NAME OF MOTHER: Do not Know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): Germany

14. INFORMANT: Della Hirsch
(Address): Rich Hill

15. FILED: May 10 1928 James J. Allen, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): May 9 1928

17. I HEREBY CERTIFY, That I attended deceased from Jan 30, 1928, to May 9, 1928 that I last saw h. alive on May 9, 1928, and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Arthritis following Addisons disease
60K
CYRL
(duration) about 6 yrs. mos. ds.
CONTRIBUTORY (SECONDARY): Don't know
(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? Clinical
(Signed) J. A. Dillamatter, M. D
, 19 (Address) Rich Hill 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: Green Lawn
DATE OF BURIAL: May 11 1928

20. UNDERTAKER: Pond + Reavley
ADDRESS: Rich Hill

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should be very careful with CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.