

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

Do not use this space.

16256

1. PLACE OF DEATH

County Jackson
Township St Joseph
City St Joseph (No. State Hospital No. 2.)

Registration District No. 85
Primary Registration District No. 1001

File No. _____
Registered No. 654
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. State Hospital #2 Ward. _____
(Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. 6 mos. 0 ds. How long in U.S., if of foreign birth? 7 yrs. 0 mos. 0 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 Mrs Emma Jurschky

6. DATE OF BIRTH (MONTH, DAY AND YEAR) About 1877

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
About 57 Unknown

8. OCCUPATION OF DECEASED

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

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

10. NAME OF FATHER Wm Jurschky

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

12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Missouri

14. INFORMANT Tag Records #2
Address St. Joseph, MO.

15. FILED 21 1928 John G. Galt REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 19 1928

17. I HEREBY CERTIFY, That I attended deceased from _____, 1928, to May 19 1928 that I last saw him alive on May 19 1928, and that death occurred, on the date stated above, at 11:45 A. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Manacal exhaustion of the muscle
77 81 (duration) _____ yrs. 2 mos. _____ ds.

CONTRIBUTORY (SECONDARY) Exhaustion (duration) 4 yrs. 6 mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH: _____

19. DID AN OPERATION PRECEDE DEATH? No DATE OF _____

20. WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Autopsical
(Signed) J. D. Carter, M. D.
May 19, 1928 (Address) State Hospital #2

*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 Kansas City, Missouri. DATE OF BURIAL May 21 1928.

20. UNDERTAKER A. O. Siderup ADDRESS 1802 Union Street

WHITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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1928

