

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

Do not use this space.

16380

1. PLACE OF DEATH

County Callaway
Township Dutton
City Callaway

Registration District No. 104
Primary Registration District No. 3008

File No. _____
Registered No. 105
St. _____ Ward _____

2. FULL NAME

(a) Residence No. Howard Co Mo St. Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. 1 mos. 17 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 OR (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) No information

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. min.
76 No information

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer
(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) Mo.

10. NAME OF FATHER No information

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) No information

12. MAIDEN NAME OF MOTHER No information

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) No information

14. INFORMANT (Address) Hospital Records State Hospital Fulton Mo

15. DATE May 18, 28 REGISTRAR R. N. Crews

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May-17-1928

17. I HEREBY CERTIFY, That I attended deceased from April 15, 1928, to May 17, 1928 that I last saw him alive on May 17, 1928, and that death occurred, on the date stated above, at 9:55 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Renal sepsis as a result of enlarged prostate and its complications.

CONTRIBUTORY (SECONDARY) 155

18. WHERE WAS DISEASE CONTRACTED _____

IF NOT AT PLACE OF DEATH, _____

19. DID AN OPERATION PRECEDE DEATH? DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? _____

(Signed) J. R. Froger, M. D.

5718, 1928, (Address) Fulton Mo

*State the DISEASES 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

Smith Chappel 5-18-1928

20. UNDERTAKER ADDRESS C. F. Beasley Harsing 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.

