

SUL 6 1928

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

Do not use this space.

17451

1. PLACE OF DEATH

County Jackson
Township Prairie
City (No.) (No.) (No.)

Registration District No. 400
Primary Registration District No. 5553B

File No.
Registered No. 77 St. Ward)

2. FULL NAME

John Herman
(a) Residence, No. Jackson Academy Home Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 7 yrs. 0 mos. 0 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) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) about 1848
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
about 80 ✓ ✓

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work unknown
(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) Germany

10. NAME OF FATHER unknown

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

12. MAIDEN NAME OF MOTHER unknown

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

14. INFORMANT J.W. Hostetter
(Address) Little Blue mo

15. Filed May 15, 28 F.M. Schick REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5/11 19 28
17.

I HEREBY CERTIFY That I attended deceased from May 11, 1928 to May 11, 1928
that I last saw him alive on May 10, 1928, and that death occurred, on the date stated above, at 9 PM.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Chronic myocarditis
90 (duration) yrs. 10 mos. 0 ds.

CONTRIBUTORY (SECONDARY) General inattention
(duration) yrs. 2 mos. 0 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? Chrical
(Signed) J. W. Green M. D.
, 19 May (Address) Independence 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 Forest Hill DATE OF BURIAL May 15, 1928

20. UNDERTAKER A. J. DEHNER MORTUARY ADDRESS City

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.

PERMANENT RECORD

