

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

Do not use this space.

20322

1. PLACE OF DEATH

County Franklin Registration District No. 292
Township New Haven Primary Registration District No. H-176
City New Haven (No.) St. Ward)

File No.
Registered No.
St. Ward)

2. FULL NAME

Kenneth Lloyd Hertig
(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 Male 4. COLOR OR RACE W^h 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) Dec 7, 1918

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or ... min.
9 | 7 | 28

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

9. BIRTHPLACE (CITY OR TOWN) Washington, Mo
(STATE OR COUNTRY)

10. NAME OF FATHER Lloyd C Hertig

11. BIRTHPLACE OF FATHER (CITY OR TOWN) New York
(STATE OR COUNTRY) N. Y.

12. MAIDEN NAME OF MOTHER Emma Horn

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

14. INFORMANT L. C. Hertig
(Address) New Haven Mo

15. FILED 1-5 28 of Shible REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 4 1928

17. I HEREBY CERTIFY, That I attended deceased from June 28, 1928, to June 4, 1928, that I last saw him alive on June 4, 1928, and that death occurred, on the date stated above, at 9 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

9 87B 9
Perussic
Convulsions
CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds. 7
(duration) yrs. mos. ds. 1

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?
(Signed) R. F. Goddard M. D.
6:5, 1928 (Address) New Haven 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 New Haven Cemetery DATE OF BURIAL June 28

20. UNDERTAKER Neiburg & Witt ADDRESS Washington 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.

