

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

Do not use this space.

22467

1. PLACE OF DEATH

County.....

Township.....

City.....

Registration District No.

Primary Registration District No.

(No. *Key/Repital*)

File No.

Registered No.

St.

Ward)

2. FULL NAME

(a) Residence. No. *5267 Pennel st.* Ward. *7*

Length of residence in city or town where death occurred *50* 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 *white* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *widowed*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Aug 22 1854*

7. AGE YEARS *73* MONTHS *10* DAYS *2* IF LESS than 1 day, hrs. min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work *Laborer*
(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) *Iowa*

10. NAME OF FATHER

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

12. MAIDEN NAME OF MOTHER *Unknown*

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

14. INFORMANT (Address) *Key/Repital*

15. FILED *N 25 1923* *Key C. Stankley*

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *June 24 1928*

17. I HEREBY CERTIFY That I attended deceased from *June 7*, 19*28* to *June 24*, 19*28* that I last saw him alive on *June 26*, 19*28* and that death occurred, on the date stated above, at *8:30 p.m.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:

*Chronic myocarditis
Chronic interstitial nephritis*

CONTRIBUTORY (SECONDARY)

1290

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) *Edmund R. Sheridan*, M.D. *Key/Repital*, 19*28*

*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

DATE OF BURIAL

St. Peter & Paul Cem

6/26- 1928

20. UNDERTAKER

ADDRESS

Emmester Ind Co 4234 Macomber

WRITE 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.

Suda.