

JUL 24 1928

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

Do not use this space.
23216

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.

1. PLACE OF DEATH
 County Cape Girardeau Registration District No. 125
 Township Cape Girardeau Primary Registration District No. 3009
 City Cape Girardeau (No.) St. Ward)
 2. FULL NAME Ben Kramer
 (a) Residence. No. North Bluff 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 White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED married
 5A. IF MARRIED, WIDOWED, OR DIVORCED CONNIE KRAMER
 (OR) WIFE OF Connie Kramer
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 9 - 1901
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
27 0 23
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work fire starter
 (b) General nature of industry, business, or establishment in which employed (or employer) ..
 (c) Name of employer ..
 9. BIRTHPLACE (CITY OR TOWN) New Egypt Mill
 (STATE OR COUNTRY) Missouri
 10. NAME OF FATHER: John Kramer
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Springfield
 (STATE OR COUNTRY) Missouri
 12. MAIDEN NAME OF MOTHER Louise Jordan
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) North of Egypt
 (STATE OR COUNTRY) Missouri
 14. INFORMANT Mrs. B. J. Kramer
 (Address) Bluff
 15. FILED 7-9-28 W. Haempfe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7/9 19 28
 17. I HEREBY CERTIFY That I attended deceased from 6/5 19 28, to 7/9 19 28
 that I last saw him alive on 7/9 19 28, and that death occurred, on the date stated above, at 8:00 a.m.
 THE CAUSE OF DEATH* WAS AS FOLLOWS:
Tubercular Meningitis
23A
24A
 (duration) .. yrs. .. mos. 10 ds.
 CONTRIBUTORY Tubercular
 (SECONDARY) 3 (duration) .. yrs. .. mos. .. 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? Head Lymphs
 (Signed) Dr. Berghoff M. D.
 (Address) Cape Girardeau
 *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 burial DATE OF BURIAL July 10 1928
 20. UNDERTAKER W. Dentoff ADDRESS 536 Broadway

