

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

Do not use this space.

23337

1. PLACE OF DEATH

County Cole
Township Jefferson
City Jefferson

Registration District No. 215
Primary Registration District No. 0014

File No. _____
Registered No. 165
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Rev. 800 Elm St. Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (specify the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr 4 - 1860

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
68 | 3 | 1 | _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer) Retired
(c) Name of employer Miller Co

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

10. NAME OF FATHER Chas Martin

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT W.A. Bryant
(Address) Richlands Mo

15. FILED 7-19-28 J. A. Bedford
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 5 1928

I HEREBY CERTIFY That I attended deceased from June 27 to July 3 1928
that I last saw him alive on July 3 and that death occurred, on the date stated above, at 3:30 p.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Pneumonia
11/10/109A (duration) yrs. mos. 10 da.
CONTRIBUTORY (SECONDARY) Influenza
(duration) yrs. mos. 12 da.

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? Physical
(Signed) J. A. Taylor, M. D.
(Address) Jefferson City 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 (DATE OF BURIAL)
City Cem. July 6 28

UNDERTAKER Hawson ADDRESS Richlands 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.

