

SEP 24 1928

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

Do not use this space.

26449

1. PLACE OF DEATH

County Buchanan Registration District No. 2-12 So 13th
Township Washington Primary Registration District No. 2-12 So 13th
City St Joseph (No. 2-12 So 13th) St. 13th Ward

File No. 924
Registered No. 924

2. FULL NAME

Harvey Danner
(a) Residence, No. 2-12 So 13th St., 13th Ward. (If nonresident give city or town and State)
Length of residence in city or town where death occurred 10 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) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 18 1851

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, hrs. or min.
	<u>77</u>	<u>5</u>	<u>14</u>	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired Farmer
(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) Indiana

10. NAME OF FATHER Leonard Danner

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT (Address) Elmer Danner 1607 South 9th St

15. FILED 2 1928 REGISTRAR John Y. H.

1. MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 2 1928

17. I HEREBY CERTIFY, That I attended deceased from June 5 1928, to Aug 2 1928, that I last saw him alive on April 23 1928, and that death occurred, on the date stated above, at 5:30 P. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
13 hepatic chronic
127 W (duration) 2 yrs. 6 mos. 6 ds.
CONTRIBUTORY (SECONDARY) Unknown (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? Chronic
(Signed) Therese F Cook, M. D.
8/3 1928 (Address) Phys + Surg Bldg

*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 Bethel Cemetery DATE OF BURIAL Aug 4 1928

20. UNDERTAKER E. G. Sidenfaden ADDRESS 602 So 10

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.

