

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

Do not use this space.

29639

1. PLACE OF DEATH

County Andrew
Township Salisbury
City Merwin Mo (No.)

Registration District No. 26
Primary Registration District No. 5034

File No.
Registered No. 142
St. Ward)

2. FULL NAME

(a) Residence No. St. Ward.
(Usual place of abode)

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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Male White Married

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

Hensietta Doerge

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

Aug-9-1893

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

75

1

4

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Lairdsville

(STATE OR COUNTRY)

Ohio

10. NAME OF FATHER

William Doerge

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

unknown

12. MAIDEN NAME OF MOTHER

unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

unknown

14.

INFORMANT J. W. Doerge
(Address) 224 H. Mexico mo

15.

Sept 25th 1928 John S. Miller
REGISTRAR

2

MEDICAL CERTIFICATE OF DEATH

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

Sept 23rd 1928

17.

I HEREBY CERTIFY That I attended deceased from Aug 1928 to Sept 23 1928

that I last saw him alive on Sept 23 1928, and that death occurred, on the date stated above, at 3 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Nephrotrophy Heart
9.30
9.50 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

Myocarditis
(duration) yrs. 6 mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF BIRTH at place of death
DID AN OPERATION PRECEDE DEATH? no DATE OF 23

19. WAS THERE AN AUTOPSY?

no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) W. E. ... M. D.

.19 (Address) Rich Hill 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

Mexico Mo 9-25 1928

20. UNDERTAKER

ADDRESS

H. D. ... Missouri

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.

