

OCT 26 1928

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

Do not use this space.

30762

1. PLACE OF DEATH

County Jackson
Township Prairie

Registration District No. 400

File No.

Primary Registration District No. 5553R

Registered No. 121

(No. Jackson County Home St. Ward)

2. FULL NAME

Andrew Statterman

(a) Residence. No. Jackson County Home St. Ward.

(If nonresident give city or town and State)

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

white

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

Single

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

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

7-15-1847

7. AGE

YEARS 81 MONTHS 1 DAYS 29
If LESS than 1 day, ____ hrs. or ____ 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

930
1023

9. BIRTHPLACE (CITY OR TOWN)

Unknown

(STATE OR COUNTRY)

Germany

10. NAME OF FATHER

Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Unknown

(STATE OR COUNTRY)

Unknown

12. MAIDEN NAME OF MOTHER

Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Unknown

(STATE OR COUNTRY)

14.

INFORMANT
(Address)

J. W. Stetter
Jackson Co Home

15.

FILED Sept 17, 1928

F. M. Schick
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 14 1928

17. I HEREBY CERTIFY That I attended deceased from Aug 1, 1928, to Sept 14, 1928 that I last saw him alive on Sept 13, 1928, and that death occurred, on the date stated above, at 2 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

chronic myocarditis

900

(duration) yrs. mos. da. 3

CONTRIBUTORY (SECONDARY) General inanition
(duration) yrs. mos. da. 2

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.

DID AN OPERATION PRECEDE DEATH. DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? clinical

(Signed) J. W. Green, M. D.

9/14, 1928 (Address) Independence 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

St Marys Cem

9-17 1928

20. UNDERTAKER

ADDRESS

Mrs C. J. Foster

KC. Mo

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.

