

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

Do not use this space.

Murphy
31293

1. PLACE OF DEATH

County Pettis Registration District No. 668 File No. _____
 Township _____ Primary Registration District No. 3032 Registered No. 248
 City Sedalia (No. 1512 35) St. _____ Ward _____

2. FULL NAME

Thomas H Mettenberg
 (a) Residence No. _____ 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 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) Sept. 15 - 1928

7. AGE YEARS MONTHS DAYS 7 If LESS than 1 day, ____ hrs. or ____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work _____
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Sedalia
 (STATE OR COUNTRY) MO

PARENTS

10. NAME OF FATHER F H Mettenberg

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

12. MAIDEN NAME OF MOTHER Mildred Fair

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

14. INFORMANT F H Mettenberg
 (Address) Sedalia MO

15. FILED 9-25-28 J. L. Love REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 17 1928

17. I HEREBY CERTIFY That I attended deceased from Sept 15, 1928, to Sept 17, 1928 that I last saw him alive on Sept 17, 1928, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

82 cerebral hemorrhage

CONTRIBUTORY (SECONDARY) 1400 (duration) ____ yrs. ____ mos. 2 da.

18. WHERE WAS DISEASE CONTRACTED _____
 IF NOT AT PLACE OF DEATH? _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? _____

(Signed) Francis R. Morley, M. D.

(Address) Sedalia

*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 MT Herman DATE OF BURIAL Sept. 20 1928

20. UNDERTAKER Green ADDRESS Sedalia

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.

