

WRITE PAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

NOV 20 1928

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.

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

Do not use this space.

32758

1. PLACE OF DEATH

County Buchanan Registration District No. 1152 File No. 1152  
Township Washington Primary Registration District No. Missouri Methodist Hospital Registered No. 1152  
City St. Joseph, Mo. (Ward)

2. FULL NAME

Charles Danner  
(a) Residence No. 1607 South 9th 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 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) Alberta Danner

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 1 1882

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
46 | 4 | 1

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

9. BIRTHPLACE (CITY OR TOWN) Madaway County  
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Harvey Danner

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

12. MAIDEN NAME OF MOTHER Anna Saunders

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

14. INFORMANT (Address) Mrs. Alberta Danner  
1607 S. 9th St.

15. FILED 8 1928 John G. Bygg REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

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

17. HEREBY CERTIFY That I attended deceased from Sept. 28, 1928, to Oct. 2, 1928, and that I last saw him alive on Oct. 2, 1928, and that death occurred, on the date stated above, at 10:25 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Toxic Adenoma of Thyroid Gland  
66B 60A  
93D (duration) Several yrs. mos. da.  
CONTRIBUTORY Myocardial Insufficiency (SECONDARY) (duration) Several yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH: \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH: Yes DATE OF Oct. 1-1928

WAS THERE AN AUTOPSY: No  
WHAT TEST CONCERNED DIAGNOSIS: Basal Metabolism and Clinical Symptoms  
(Signed) Carl P. Fox, M. D.

Dec. 3, 1928 (Address) 731 Faron

\*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 Oct. 4th 1928

20. UNDERTAKER E. A. Sidenfaden ADDRESS 602 R. 10

