

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

Do not use this space.

43515

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City.....

(No. *501-Pine St.*)

791

0003

File No.....

12856

Registered No.....

St..... Ward)

2. FULL NAME

(a) Residence. No. *5446 Partridge* St.,

7 Ward.

5446 Partridge (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 White

4. COLOR OR RACE

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

Married

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

Nellie Danzell

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

Mar. 4, 1882

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

46

9

24

8. OCCUPATION OF DECEASED

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

Boiler Maker

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Madison

(STATE OR COUNTRY)

Missouri

10. NAME OF FATHER

Komer Danzell

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Missouri

12. MAIDEN NAME OF MOTHER

Mary Stealy

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Missouri

14.

INFORMANT

Nellie Danzell

(Address)

5446 Partridge

15.

FILED

DEC 29 1928

May C. Stanley

REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

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

Dec, 28 1928

17.

I HEREBY CERTIFY, That I attended deceased from *Dec 10*, 1928, to *Dec 28*, 1928 that I last saw *alive* on *Dec 24*, 1928, and that death occurred, on the date stated above, at *7:30 A.M.* m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pernicious Anemia & Ulcer Rectum

710

(duration) yrs. mos. da.

CONTRIBUTORY

Ulcer Rectum

(SECONDARY)

(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

Walnut Park Inc

DID AN OPERATION PRECEDE DEATH?

no

DATE OF

WAS THERE AN AUTOPSY?

no

WHAT TEST CONFIRMED DIAGNOSIS

(Signed)

C. Matthews, M. D.

, 19

(Address) *601 Pine St.*

*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

Alton City Semtery

Dec 30 1928

20. UNDERTAKER

ADDRESS

Bauer & Nalhn

Alton Ill.

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.

