

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

Do not use this space.

43870 *Tracy*

JAN 28 1929

1. PLACE OF DEATH

County Vernon
 Township Washington
 City Marion (No.) St. Ward

Registration District No. 875
 Primary Registration District No. 6162

File No.
 Registered No. 288

2. FULL NAME

Louis E. Hanesmeister
 (a) Residence. No. State Hospital #3 St. Ward.
 (Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. 10 mos. 15 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. COLOR OR RACE

w

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

not known

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

X

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

1863 ?

7. AGE

YEARS 65

MONTHS ?

DAYS ?

IF LESS than 1 day, ... hrs. or ... in.

8. OCCUPATION OF DECEASED

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

Butcher

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Berlin

(STATE OR COUNTRY)

Germany

10. NAME OF FATHER

not known

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

not known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

14. INFORMANT

(Address) Co. Clerk - Juffer Co. Carthage Mo

15. FILED

1-5 29-1929 E.R. Price

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

DEC. 27 1928

17.

I HEREBY CERTIFY That I attended deceased from
Dec 7, 1928, to Dec. 27, 1928
 that I last saw him alive on 1928, and that death occurred, on the date stated above, at 11:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pneumonia (lobar)

100

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

19. DID AN OPERATION PRECEDE DEATH?

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

Clinical

(Signed)

J. J. O'Dell, M. D.

....., 1928 (Address)

Meruda

*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

State Hospital Cemetery

12/31 1928

20. UNDERTAKER

ADDRESS

Jerry Funeral Home Nevada

Nevada

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.

