

JAN 28 1929

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

Do not use this space.

43888

1. PLACE OF DEATH

County Warren
Township
City Warrenton (No.)

Registration District No. 851
Primary Registration District No. 4534

File No.
Registered No. 46
St. Ward)

2. FULL NAME

Caroline Severt

(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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 17-1848

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
80 8 27

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Warren Co
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Herman Severt

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

12. MAIDEN NAME OF MOTHER Walt Kuner

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

14. INFORMANT Gloria Severt
(Address) Warrenton Mo.

15. FILED Dec 16 25 AW
19... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from Nov 10, 1928, to Dec 14, 1928, that I last saw him alive on Dec 14, 1928, and that death occurred, on the date stated above, at 2 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

1/2 Gastric Carcinoma

CONTRIBUTORY (SECONDARY) 1/4

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Dr. H. Brandt, M. D.
(Signed) Dec 15, 1928 (Address) Warrenton 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 Warrenton City Co DATE OF BURIAL 12/16 1928

20. UNDERTAKER F. A. Hasting ADDRESS Warrenton Mo

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.

