

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

Do not use this space.

1997

**1. PLACE OF DEATH**

County..... Jasper Registration District No. 40 B  
 Township..... E. Jackson Primary Registration District No. 55E J 2  
 City..... Carthage (No. ....) St. .... (Ward) .....

File No. ....  
 Registered No. ....

**2. FULL NAME**

(a) Residence. No. 1 County, Jasper 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 11 - 1845

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
83 11 1

**8. OCCUPATION OF DECEASED**

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

9. BIRTHPLACE (CITY OR TOWN)..... Virginia  
 (STATE OR COUNTRY)

10. NAME OF FATHER Geo. F. Wertz

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

12. MAIDEN NAME OF MOTHER Eliza Johnson

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

14. INFORMANT..... Jud. Howell  
 (Address)

15. FILED 1/14 1997 Cecil Schaefer  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 12 1929

17. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1928, to Jan 12, 1929 that I last saw him live on Jan 19, 1928, and that death occurred, on the date stated above, at 12:00 P.M.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Chronic Bright disease

CONTRIBUTORY (SECONDARY) 1290  
 (duration) yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH?.....

18. DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

18. WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?.....

(Signed) T. E. Baker, M. D.  
 , 19 (Address)

\*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  
County Farm Cemetery 1-15 1929  
 20. URDERTAKER ADDRESS  
Wm. - Platte Carthage

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

22 1929  
 49  
 0  
 0  
 1  
 2  
 2  
 2  
 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.

