

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

Do not use this space.

2267

**1. PLACE OF DEATH**

County Lawrence Registration District No. 471  
Township..... Primary Registration District No. 6284  
City Pence City mo (No. ....) St. .... Ward)

File No. 7  
Registered No. 2

**2. FULL NAME**

Fred Korfas

(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 m. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 26 - 1886

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
78 1 8

**8. OCCUPATION OF DECEASED**

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

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

10. NAME OF FATHER Michael Korfas

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

12. MAIDEN NAME OF MOTHER Bartel

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

14. INFORMANT Mrs Fred Korfas  
(Address) Pence City mo

15. FILED 2/9, 1929 N Ross Clark  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 2 1929

17. I HEREBY CERTIFY That I attended deceased from Oct 1, 1928 to Jan 2, 1929  
that I last saw him alive on Jan 2, 1929, and that death occurred, on the date stated above, at Pence City mo.

THE CAUSE OF DEATH\* WAS AS FOLLOWS  
Chronic Hepatitis

137 (duration) yrs. mos. ds.

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

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

19. DID AN OPERATION PRECEDE DEATH? no DATE OF.....  
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS  
(Signed) E. B. Wright, M. D.  
, 19 (Address) Pence City mo

\*State the DISEASE CAUSING DEATH, or in deaths from VOLUNT 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  
St Marys Cemetery Jan 4, 1929

20. UNDERTAKER ADDRESS  
Wm. Gravel Jr. Pence City 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.

22, 1929

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