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

Do not use this space.

FEB 25 1929

5223

1. PLACE OF DEATH
County Warren
Township Hearny Grove
City ..... (No. ..... St. ..... Ward)
Registration District No. 882
Primary Registration District No. 6174
File No. .....
Registered No. 1

2. FULL NAME Herman J. Nortrup
(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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 25-1867

7. AGE: Years 61 | Months 7 | Days 17 | If LESS than 1 day, ... hrs. or ..... min.

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) Near Warrenton
(STATE OR COUNTRY) Warren Co. Missouri

PARENTS
10. NAME OF FATHER Herman G. Nortrup
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Adelaide Huelsing
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany
(STATE OR COUNTRY)

14. INFORMANT Arthur H. Nortrup
(Address) Warrenton Mo

15. FILED Jan 14th 1929 E. A. Thiesmeier M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1/12th 1929

17. I HEREBY CERTIFY That I attended deceased from Nov 28th, 1928, to Jan 12th, 1929 that I last saw him alive on Jan 12th 1929, and that death occurred, on the date stated above, at 6 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
~~Mitral~~ Chronic Endocarditis
Mitral Regurgitation
Chronic Interstitial Nephritis
131 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 924 (duration) yrs. mos. ds.

1290

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? —
(Signed) W. S. Clarenbach, M.D.
1/13, 1929 (Address) Wright City 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: Wright City Cemetery
DATE OF BURIAL: 1/15th 1929

20. UNDERTAKER: F. A. Haling
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.