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

Do not use this space.
5513

85

PLACE OF DEATH
County: Buchanan
Township:
City: St. Joseph. (No. Noyes Hospital St. Ward)

Registration District No.:
Primary Registration District No.: 1001

File No.:
Registered No.: 176

2. FULL NAME: A.J.Lettch

(a) Residence. No. 1413 So4th.St. 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Unknown

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Unknown

6. DATE OF BIRTH (MONTH, DAY AND YEAR): About 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65		Unknown	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Common Laborer
(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): Unknown

PARENTS
10. NAME OF FATHER: Unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): Unknown
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): Unknown

14. INFORMANT: Records of Noyes Hospital.
(Address): St.Joseph, Mo.

15. FILED FEB 13 1929 19 John G. Ith REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Feb, 8, 1929 19

17. I HEREBY CERTIFY, That I attended deceased from Feb. 7 – 1929 to Feb. 8 1929 that I last saw him alive on Feb. 8 – 1929, and that death occurred, on the date stated above, at 10.00 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
46C
46B Carcinoma of pancreas & intestines
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Same as above
Not known (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Not known
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS? Microscopic
(Signed) O.B. Gosthelm, M.D.
2/11/ 1929 (Address) 824 Edmond St. St Jo. 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: City Cemetery
DATE OF BURIAL: Feb, 13, 19 29

20. UNDERTAKER: Walter Meierhoffer
ADDRESS: 1302 Faraon St.

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

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.