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

Do not use this space.

9410

1. PLACE OF DEATH

County Audrain — Registration District No. 26 — File No.

Township — Primary Registration District No. 3002 — Registered No. 30

City Mexico Mo (No. 614 E. Jackson St. Ward)

2. FULL NAME Robert Karl Precht

(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): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 26-1907

7. AGE: 21 Years — Months: 2 — Days: 6 — If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Electrician
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer: W A Green

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mexico Mo

PARENTS

10. NAME OF FATHER: Roxy H. Precht
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Mexico Mo
12. MAIDEN NAME OF MOTHER: Elizabeth Precht
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Switzerland

14. INFORMANT: R H Precht
(Address) Mexico Mo

15. FILED March 3rd 1929 Ira S Milligan REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3/2 1929

17. I HEREBY CERTIFY, That I attended deceased from —, 19, to —, 19, that I last saw h alive on, 19, and that death occurred, on the date stated above, at m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
By accident - by elevator drum turning over on him which was caused by the 'neg lineuse of some one (duration) yrs. mos. ds.

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

187

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) E. McD. Bridgford, M.D.
Coroner Mexico Mo
(Address)

113

*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: Mexico Mo Cem — DATE OF BURIAL: 3-4 1929

20. UNDERTAKER: H A Precht & Son — ADDRESS: Mexico 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.

32 / / 26