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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.

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

Do not use this space.

11253

1. PLACE OF DEATH
County Jefferson — Registration District No. 421 — File No.
Township Joachim — Primary Registration District No. 5575 — Registered No. 37
City (No. St. Ward)

2. FULL NAME Chas P. Urfach
(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: Ruth Urback
6. DATE OF BIRTH (MONTH, DAY AND YEAR): July 10 1901
7. AGE: Years 27, Months 5, Days 27 — If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Bridgeman
(b) General nature of industry, business, or establishment in which employed (or employer): M.C. Clinic Marshall Co
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN): Marceline
(STATE OR COUNTRY): Missouri

PARENTS
10. NAME OF FATHER: Philip S. Urback
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): West Virginia
12. MAIDEN NAME OF MOTHER: Myrtle Adams
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): Charlton Co. Mo.

14. INFORMANT: G. A. Peterson
(Address): Crystal City Mo

15. FILED 3/8, 1929 J. E. Rutledge REGISTRAR
3/9

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR): March 7 1929
17. I HEREBY CERTIFY, That I attended deceased from March 7, 1929, to March 7, 1929 that I last saw him alive on March 7, 1929 and that death occurred, on the date stated above, at 12 m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Accidental, fell striking on head. Fractured skull with contusion of brain
186A (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.
18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
0 DID AN OPERATION PRECEDE DEATH? No. DATE OF — 12
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) O. E. Stewart, M. D
, 19 (Address) Crystal 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: Purdin Mo — DATE OF BURIAL: Mar 10 1929
20. UNDERTAKER: Duester & Vinyard — ADDRESS: Festus Mo