

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

Do not use this space.

13873

1. PLACE OF DEATH

County Pike

Registration District No. 1001

Township St. Joseph

Primary Registration District No. Mo. 1001

City St. Joseph

(No. Mo. 1001)

File No. 450

Registered No. 450

St. Bedburg Mo Ward

2. FULL NAME

(a) Residence. No. 1001 St. Bedburg Mo

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 10 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 19 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
68 4 13 — —

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)

(STATE OR COUNTRY) Illinois

10. NAME OF FATHER John Adam

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

12. MAIDEN NAME OF MOTHER Brook E. Bawles

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

14. INFORMANT J. Z. Adams

Address Bedburg Mo

15. FILED 3 1929 Wm. E. W. REGISTRAR

4 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 22 1929

17. I HEREBY CERTIFY, That I attended deceased from Mar 22 1928 to Apr 2 1929 that I last saw h. alive on Apr 2 1929, and that death occurred, on the date stated above, at 1040 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic myocarditis
Immature left.
Doublet ulcus chronic
(duration) yrs. 4 mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED? 11/10/1
IF NOT AT PLACE OF BIRTH

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? X-ray examination
(Signed) W. E. Cantel M. D.

(Address) St. Joseph 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 Bedburg Mo

DATE OF BURIAL 4/5 1929

20. UNDERTAKER J. E. Sweeney

ADDRESS 211 6th

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.

THIS IS A PERMANENT RECORD

