

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City St. Louis

Registration District No. 791
Primary Registration District No. 1003

File No. 20183
Registered No. 5854
St. Ward)

2. FULL NAME

(a) Residence. No. St. 24 Ward. Chanute Kansas
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 11 da. How long in U.S., if of foreign birth? yrs. mos. da.

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 Nora Brantner

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 11 - 1888

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
44 | 2 | 15 |

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) Osfallon Ill
(STATE OR COUNTRY)

10. NAME OF FATHER Unknown

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

12. MAIDEN NAME OF MOTHER Louisa Turner

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

14. INFORMANT Nora Brantner
(Address) Chanute, Kansas

15. FILED MAY 28 1925 Wm C. Stankov
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5-26 1929

17. I HEREBY CERTIFY, That I attended deceased from 5-18, 1929, to 5-26, 1929, that I last saw h. alive on 5-26, 1929, and that death occurred, on the date stated above, at 6:05 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis
Manic Depressive Insanity
93C
5-4 (duration) 5 yrs. mos. da.

CONTRIBUTORY Manic Depressive Insanity
(SECONDARY) (duration) 14 da.

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) E. F. Jessier, M. D.

5/27, 1929 (Address) 1701 Park Ave.

*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 M. C. Cemetery DATE OF BURIAL 5/29 1929
Champion City Mo

20. UNDERTAKER E. F. Oltman Und. ADDRESS Warren 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.

RECORD

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