NOV 25 1929

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

Do not use this space.

33351
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1. PLACE OF DEATH
County Dade
Township
City Greenfield (No. ..... St. ..... Ward)
Registration District No. 237
Primary Registration District No. 4144
File No.
Registered No.

2. FULL NAME R. Franklin Vert
(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.

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.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF ~~MARRIED, WIDOWED, OR DIVORCED~~ HUSBAND OF (OR) ~~WIFE OF~~ Nellie Vert

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

7. AGE 138 YEARS | MONTHS | DAYS | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer) Building and repairing
(c) Name of employer

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9. BIRTHPLACE (CITY OR TOWN) unknown
(STATE OR COUNTRY) Mo

1

PARENTS

10. NAME OF FATHER John P. Vert
11. BIRTHPLACE OF FATHER (CITY OR TOWN) unknown
(STATE OR COUNTRY) Indiana

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

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14. INFORMANT Nellie Vert
(Address) Greenfield Mo

15. FILED 11-9, 1929 E D Ball
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 1 1929

17. I HEREBY CERTIFY, That I attended deceased from Sept 14, 1925, to Oct 1, 1925 that I last saw him alive on ~~Oct~~ Sept 30, 1925, and that death occurred, on the date stated above, at 4 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Esophageal Diverticula with Septic Poison 116A
(duration) 3 yrs. ..... mos. 26 ds.

CONTRIBUTORY (SECONDARY)
(duration) ..... yrs. 1 mos. ..... ds.

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) Geo. L. Weir, M. D
, 19 (Address) Greenfield 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 Greenfield Cem
DATE OF BURIAL Oct 2 1929

20. UNDERTAKER Harrison Funeral Home Jasper Bean
ADDRESS Greenfield Mo