

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

Do not use this space.

33777

1. PLACE OF DEATH

County Jackson
Township Russ
City Hannover City (No. 2500 Charlotta)

Registration District No. 399
Primary Registration District No. 1007

File No. _____
Registered No. 4229
St. _____ Ward _____

2. FULL NAME

Mary Joseph
(a) Residence, No. 2500 Charlotta St. 3 Ward _____
(Usual place of abode)

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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Married

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

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

March 11-1860

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
69	7	1	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife
(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) Germany

10. NAME OF FATHER

John Flack

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER

Marie Kump

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Germany

14.

INFORMANT Louis A. Loschke
(Address) 5745 Charlotta St

15.

FILED 10/13 29 M. M. Craue
REGISTRAR

4 MEDICAL CERTIFICATE OF DEATH

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

Oct 12 1929

17. I HEREBY CERTIFY That I attended deceased from Sept 27, 1929, to Oct 12, 1929 that I last saw him alive on Oct 11, 1929, and that death occurred, on the date stated above, at 1 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Phlogia Rt. Side
arterio-sclerosis with
gross compensatory hypertrophy
(duration) 6 hours

CONTRIBUTORY (SECONDARY) Rheumatism
(duration) 70 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

8 Did an operation precede death? DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) W. O. Semmes M. D.
10/13 29 (Address) 336-47 Taylor

*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

DATE OF BURIAL

Not Palmyra Cemetery Oct 14 1929

20. UNDERTAKER

ADDRESS

G. G. Thrisher 2512 Holm St

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.

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