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

Do not use this space.

289

1. PLACE OF DEATH

County: Buchanan — Registration District No. 85 — File No.

Township: — Primary Registration District No. 1001 — Registered No. 135

City: St.Joseph, (No. 1315 No.3rd.St. St. Ward)

2. FULL NAME Frank C.Jesberg

(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 44 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan,4,1886

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	44	0	27	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Paper Hanger

(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) St.Joseph,Mo.

PARENTS

10. NAME OF FATHER John Jesberg

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

12. MAIDEN NAME OF MOTHER Kathrina Sauer

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

14. INFORMANT Mrs.Kathrina Jesberg (Address) 1315 No.3rd.St.

15. FILED FEB 1 1930, 19 John G. Utz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan,31,1930 19

17. I HEREBY CERTIFY, That I attended deceased from 9.8. 1930, to 1.30. 1930. that I last saw him alive on 19, and that death occurred, on the date stated above, at 12.15 A.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Tuberculosis

23 H

23 B (duration) 7 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Pulmonary Hemorrhage (duration) yrs. mos. 3 ds.

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? clinical + laboratory

(Signed) D. Mary H. Frommer, M. D.

Jan 31, 1930 (Address) 215 P + S Bldg.

*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
Mt.Mora Cemetery	Feb,1, 1930

20. UNDERTAKER	ADDRESS
Walter Meinhoffer	1302 Faraon St.

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.