

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

Do not use this space.

2364

1. PLACE OF DEATH

County Ray Registration District No. 744
 Township Richmond Primary Registration District No. 5976B
 City Henrietta (No. _____ St. _____ Ward _____)

File No. _____
 Registered No. 4

2. FULL NAME

Henry C. Pieper
 (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.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Ida C. Pieper

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 24/1854

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
65 3 27

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farming
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

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

10. NAME OF FATHER H. C. Pieper

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

12. MAIDEN NAME OF MOTHER Catherine Meyer

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

14. INFORMANT Mrs. Ida C. Pieper
 (Address) Henrietta

15. FILED Jan 21 1930 E. E. Day REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 18 1930

17. I HEREBY CERTIFY, That I attended deceased from 11/22 1929 to Jan 18th 1930, 19____, that I last saw him alive on January 13th 1930, and that death occurred, on the date stated above, at 11:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Endo-Carditis
151A
151A
151A
151A

151A
 (duration) yrs. 1 mos. 27 ds.

CONTRIBUTORY Carbuncle on Nap of Neck
 (SECONDARY)

(duration) yrs. 3 mos. 17 ds.

18. WHERE WAS DISEASE CONTACTED at His Home

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? No. DATE OF _____

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS Shortness of Brea
Breath and General Heart Disturbance
 (Signed) J. J. Smith M. D.

.19 (Address) Henrietta, Missouri

*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 City Cemetery DATE OF BURIAL Jan 20 1930

20. UNDERTAKER E. Thurman ADDRESS Richmond

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.

1930

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