

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MAR 28 1930

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

Do not use this space.

5531

File No. 18
 Registered No. _____
 St. _____ Ward _____

1. PLACE OF DEATH
 County Lafayette Registration District No. 461
 Township Livingston Primary Registration District No. 3024
 City Livingston (No. _____) St. _____ Ward _____

2. FULL NAME Isaac Gratz
 (a) Residence No. _____ (Usual place of abode) (b) _____ (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

MEDICAL CERTIFICATE OF DEATH

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 21 1930

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

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw him alive on Feb 21st, 19____, and that death occurred, on the date stated above, at 11:30 a.m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 17-1969

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>61</u>	<u>5</u>	<u>4</u>	

Cardiac Asthma
95 B

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Clothing Merchant
 (b) General nature of industry, business, or establishment in which employed (or employer) Retired
 (c) Name of employer _____

CONTRIBUTORY (SECONDARY) 3 1/2 hrs. (duration) yrs. mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED 90 B
 IF NOT AT PLACE OF DEATH _____

10. NAME OF FATHER Morris Gratz

19. WHERE WAS DISEASE CONTRACTED 90 B
 IF NOT AT PLACE OF DEATH _____

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

20. DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

12. MAIDEN NAME OF MOTHER Barrie Tugendich

21. WAS THERE AN AUTOPSY? _____

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

22. WHAT TEST CONFIRMED DIAGNOSIS? (Signed) G. H. Brandt, M. D.
 (Address) Livingston Mo

14. INFORMANT Ben Gratz
 (Address) Livingston 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.

15. Feb 22, 1930 G. H. Brandt
 REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Livingston Mo
 DATE OF BURIAL Feb 24 1930

20. UNDERTAKER Ernest Regert
 ADDRESS Livingston Mo

