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

Do not use this space.

85

11722

1. PLACE OF DEATH

County Buchanan — Registration District No. — File No.

Township — Primary Registration District No. 1001 — Registered No. 433

City St. Joseph (No. 604 Garden St. St. Ward)

2. FULL NAME Baby Inscho

(a) Residence. No. 604 Garden St. 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, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 3, 1930

7. AGE — Years 0 — Months 0 — Days 8 — If LESS than 1 day, ...hrs. or ....min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Josepho
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER E. L. Inscho

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Sherman Co.
(STATE OR COUNTRY) Neb.

12. MAIDEN NAME OF MOTHER Anna Hoffman

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Joseph
(STATE OR COUNTRY) Missouri

14. INFORMANT Mrs. Mary Inscho
(Address) 604 Garden St.

15. FILED APR 9 1930 19 John G. Ott REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 8, 1930 19

17. I HEREBY CERTIFY, That I attended deceased from Apr 3, 1930, to Apr 8, 1930, that I last saw h. alive on 11 a.m. 19..., and that death occurred, on the date stated above, at 6:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bronchial Pneumonia

15 C 1
107 A

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

CONTRIBUTORY (SECONDARY) Pernolina Birth 7½ mo

(duration) ...yrs. ...mos. ...ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH —

DID AN OPERATION PRECEDE DEATH? — DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) A. T. Simmons, M. D.

4/9, 1930 (Address) St Joseph 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 Odd Fellows Cem. — DATE OF BURIAL Apr. 9 30 19

20. UNDERTAKER Fred D. Clark — ADDRESS

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.