

MAY 27 1930

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

Do not use this space.

13589

## 1. PLACE OF DEATH

County PhelpsRegistration District No. 678

Township

Primary Registration District No. 5909City St James (No. 4464)

File No. ....

Registered No. ....

St. .... Ward)

## 2. FULL NAME

(a) Residence. No. 6 St. .... Ward. ....

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 6 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)

widowed

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

W. K. ...

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

Sept. 9-1883

## 7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, .... hrs. .... or .... min.

8679

## 8. OCCUPATION OF DECEASED

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

Painter

(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)

Don't know

## 10. NAME OF FATHER

W. K.

## 11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

U. S.

## 12. MAIDEN NAME OF MOTHER

W. K.

## 13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

U. S.

## 14.

INFORMANT (Address)

Margaret Flewger  
St James Mo

## 15.

FILED

May 1, 1930  
Henry J. Walters  
REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4-18 1930

17.

I HEREBY CERTIFY, That I attended deceased from Apr 11, 1930 to Apr 18, 1930 that I last saw him alive on April 15, 1930, and that death occurred, on the date stated above, at 8 m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS

Broncho Pneumonia

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

## CONTRIBUTORY (SECONDARY)

Bronchitis Chronic (duration) yrs. .... mos. .... ds.

## 18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF 4-18-30WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) W. K. ... M. D.4-18-1930 (Address) St James 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

## DATE OF BURIAL

Home Care4-20 1930

## 20. UNDERTAKER

## ADDRESS

J. E. RecklerSt James Mo

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.

