JUN 27 1930

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

Do not use this space.

17172

1. PLACE OF DEATH

County ..... Registration District No. 280 File No. .....

Township Ste. Genevieve Primary Registration District No. 6025 Registered No. 29

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Sebastian Palmer

(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
male	white	married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 13 1853

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
76	2	23	

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

9. BIRTHPLACE (CITY OR TOWN) Ste. Genevieve Co
(STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER Jonas Palmer
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Baden
(STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Apolonia Palmer
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Baden
(STATE OR COUNTRY) Germany

14. INFORMANT Felix Palmer
(Address) Ste. Genevieve Mo

15. FILED May 7, 1930 T. W. Douglas REGISTRAR

MEDICAL CERTIFICATE OF DEATH 2

16. DATE OF DEATH (MONTH, DAY AND YEAR) May - 6 - 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 7 - 1929 to May 6 - 1930 that I last saw him alive on Apr - 7 - 1930 and that death occurred, on the date stated above, at 6 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Prostatitis
137
133A
(duration) 3 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Pyelo - nephritis
(duration) yrs. 2 mos. 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
(Signed) R. W. Laming, M. D.
5/7/ 1930 (Address) Ste. Genevieve 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
Zell Mo	May 8 1930

20. UNDERTAKER	ADDRESS
John Basler	Ste. Genevieve 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.