

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

Do not use this space.

19843

1. PLACE OF DEATH

County Jefferson
Township Rock
City _____ (No. _____ St. _____ Ward _____)

Registration District No. 423
Primary Registration District No. 5578

File No. 11
Registered No. _____

2. FULL NAME

(a) Residence. No. Christina Averbek Kennawick Mo #1 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

1 MEDICAL CERTIFICATE OF DEATH

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

married

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

John Averbek

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

May 13-1865

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>65</u>	<u>0</u>	<u>22</u>	

8. OCCUPATION OF DECEASED

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

Home House Work

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

(c) Name of employer

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

June 5 1930

17.

I HEREBY CERTIFY, That I attended deceased from June 3, 1930 to June 5, 1930 that I last saw him alive on June 3, 1930 and that death occurred, on the date stated above, at 11:42 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar Pneumonia

CONTRIBUTORY (SECONDARY)

108 (duration) _____ yrs. _____ mos. 6 ds.
101 W (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? _____

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) Waldo H. Hill, M. D.

, 19 _____ (Address) Jefferson 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

St. John Cemetery Rock Mo June 9 1930

20. UNDERTAKER

ADDRESS

John Skoch Jefferson Mo

14. INFORMANT (Address)

John Averbek
Kennawick Mo

15. FILED

6/4, 1930 H. W. Ebel

REGISTRAR

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

