

SEP 25 1930

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

Do not use this space.

1. PLACE OF DEATH

County Jefferson
Township De Soto
City De Soto (No.)

Registration District No. 420
Primary Registration District No. 3022

File No. 27106
Registered No. 91
St. Ward)

2. FULL NAME

Kramer Jerome Norman
(a) Residence No. St. Ward.
(Usual place of abode)

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) Infant

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan, 7, 1930

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
0 7 5

8. OCCUPATION OF DECEASED

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

10. NAME OF FATHER Herman Kramer

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Belleville Illinois

12. MAIDEN NAME OF MOTHER Cora Baker

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Jeff. Co. Mo.

14. INFORMANT (Address) Herman Kramer De Soto Mo.

15. FILED 8/26 1930 D. H. Parry REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug, 12 1930

17. I HEREBY CERTIFY, That I attended deceased from Aug 11 1930 to Aug 12 1930 that I last saw him live on Aug 11 1930, and that death occurred, on the date stated above, at 1 12 30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cholera Infantum
11 9 11 (duration) yrs. mos. 2 ds.

CONTRIBUTORY (SECONDARY) 11300 (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) Walter Gibson, M. D. Aug 12, 1930 (Address) De Soto 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 Woodlawn Park Aug. 14 1930

20. UNDERTAKER ADDRESS Donnell B. Dietrich De Soto 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.

