SEP 26 1930

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

Do not use this space.

1. PLACE OF DEATH
County Perry
Township St. Marys
City ..... (No. ..... St. ..... Ward)
Registration District No. 663
Primary Registration District No. 5881
File No. 30716
Registered No. 6

2. FULL NAME Andrew J. Dall
(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: Male
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 Jane Dall

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 2, 1869

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
60	10	0	

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) Silver Lake
(STATE OR COUNTRY) Mo

PARENTS
10. NAME OF FATHER Martin Dall
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Dont Know
(STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Walburgie Reisleiner
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Dont Know
(STATE OR COUNTRY) Germany

14. INFORMANT Henry Dall
(Address) Silver Lake, Mo.

15. FILED 9-3, 1930 H. J. Dowaly
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 2 1930

17. I HEREBY CERTIFY, That I attended deceased from June 1, 1928, to Sept 2, 1930 that I last saw him alive on Sept 2, 1930, and that death occurred, on the date stated above, at 12:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Nephritis
131
(duration) 2 yrs. 3 mos. ds.

CONTRIBUTORY (SECONDARY) —
(duration) yrs. 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? General symptoms
(Signed) E. A. Neidert, M. D
, 19 (Address) Perryville, 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: Silver Lake Cemetery
DATE OF BURIAL: 9-4-1930

20. UNDERTAKER: Fullmer Young Med Co
ADDRESS: Perryville Mo

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.