DEC 23 1930

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

Do not use this space.

38249

1. PLACE OF DEATH
County Scott
Township Moreland
City ..... (No. ....., ... St. ..... Ward)

Registration District No. 959
Primary Registration District No. 6063a

File No. .....
Registered No. 5

2. FULL NAME Kasper Menz
(a) Residence. No. New Hamburg Mo 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	widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 3-1860

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	70	5	8	

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) .....
(STATE OR COUNTRY) Scott Co. Mo

PARENTS
10. NAME OF FATHER Michel Menz
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Bavaria
12. MAIDEN NAME OF MOTHER Katherine Resz
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Bavaria

14. INFORMANT Samuel Menz
(Address) New Hamburg Mo

15. FILED Nov. 12, 1930 Cyrill Dirnberger REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 11 1930

17. I HEREBY CERTIFY, That I attended deceased from Oct 1st, 1930, to Nov 10, 1930 that I last saw him alive on Nov 10, 1930 and that death occurred, on the date stated above, at 4:20 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of liver
4 C
1 3 B
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Uremic poisoning
(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) U. P. Haw, M. D.
, 19 (Address) Benton 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
New Hamburg Cemetery	Nov 12 1930
20. UNDERTAKER Mike Welter	ADDRESS New Hamburg 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.