

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

Do not use this space.

PLACE OF DEATH

County Warren
Township Charrette
City Marthasville (No. St. Ward)

Registration District No. 884
Primary Registration District No. 6176

File No. 38349
Registered No. 19

2. FULL NAME William Getz

(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 15 yrs. 5 mos. 3 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>X</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Feb. 23 - 1909</u>		
7. AGE <u>21</u> YEARS	<u>8</u> MONTHS	<u>15</u> DAYS
If LESS than 1 day, <u>X</u> hrs. or <u>X</u> min.		
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>X</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>X</u> (c) Name of employer <u>X</u>		

9. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Missouri

PARENTS	10. NAME OF FATHER <u>Wm F. Getz</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>unknown</u> (STATE OR COUNTRY) <u>Iowa</u>
	12. MAIDEN NAME OF MOTHER <u>unknown</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>unknown</u> (STATE OR COUNTRY) <u>Germany</u>

14. INFORMANT Marie E. Stebbins
(Address) Marthasville, Mo.

15. FILED NOV 11 1930 L. O. Johnson
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 8 1930

17. I HEREBY CERTIFY, That I attended deceased from 19....., 19....., that I last saw h..... alive on....., 19....., and that death occurred, on the date stated above, at..... m.

18. THE CAUSE OF DEATH* WAS AS FOLLOWS:
Coroner's Verdict, - Cause to their unavoidable death by fire of unknown origin in hall of Seminary Building of the mos. ds.

CONTRIBUTORY Eymans Hope, Marthasville, Mo., Warren Co. (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....

8 DID AN OPERATION PRECEDE DEATH? DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Blue H. Dwyer M. D.
Coroner
19 (Address) Wagrenton mo

*State the DISEASE CAUSING DEATH, 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 Communion Home Care DATE OF BURIAL Nov 12 1930

20. URDERTAKER Fred W. Schuchman ADDRESS Marthasville 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.

WHITE PRINT, WITH UNFADING INK—THIS IS A PERMANENT RECORD

DEC 23 1930

11/11/11
