

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

Do not use this space.

341

1. PLACE OF DEATH
 County Butler Registration District No. 89
 Townshp Paplar Bluff Primary Registration District No. 3007
 City Paplar Bluff No. _____ St. _____ Ward _____

2. FULL NAME Charles Frederick Hirsch
 (a) Residence. No. 137 No. B. St. Paplar Bluff Mo. 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. (If nonresident, give city or town and State)

File No. _____
 Registered No. 27

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Divorced

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 1 1865

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
65 1 26

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work. Retired
 (b) General nature of industry, business, or establishment in which employed (or employer).
 (c) Name of employer

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 27 1931

17. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1930, to Jan 27, 1931, that I last saw him alive on Jan 25, 1931, and that death occurred, on the date stated above, at 5:20 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary tuberculosis
23 A (duration) 1 yrs. _____ mos. _____ ds.
 CONTRIBUTORY (SECONDARY) 23 (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) M. Kuschka, M. D.
-27-1931 (Address) Paplar Bluff 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 city cemetery DATE OF BURIAL Jan 28 1931

20. UNDERTAKER St. J. Phelps ADDRESS Paplar Bluff Mo

9. BIRTHPLACE (CITY OR TOWN) Giles Bluff Mo
 (STATE OR COUNTRY)

PARENTS
 10. NAME OF FATHER Charles F. Hirsch
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Breeman
 (STATE OR COUNTRY) Germany
 12. MAIDEN NAME OF MOTHER Malinda Yohe
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
 (STATE OR COUNTRY) Germany

14. INFORMANT A. Lincoln Hirsch
 (Address) 137 No. B. St. Paplar Bluff Mo

15. FILE NO. Jan 27, 1931 REGISTRAR B. J. Clipp

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 very important.

18 JAN 1931

