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

Do not use this space.

3279

File No. 499

Registered No.

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 7003

City Mamis (No. City Hospital St. ..... Ward)

17407

2. FULL NAME Jerry Hrad

(a) Residence. No. 810 & 13 St., 22 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. 20 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	

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 23 - 1930

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
			20	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None 125 155

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Mamis
(STATE OR COUNTRY) 1

PARENTS

10. NAME OF FATHER James Hrad

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Bohemia 7

12. MAIDEN NAME OF MOTHER Frances Yenisch

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Bohemia
(STATE OR COUNTRY) Hospital Information

14. INFORMANT E. Rivers
(Address) City Hospital

15. FILED JAN 13 1931, 19 Max C. Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 12 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan 11, 1931, to Jan 12, 1931 that I last saw him alive on Jan 12, 1931, and that death occurred, on the date stated above, at 3 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Icterus ~~neonatorum~~ Gravis
Inanition

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 1 dB

(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~~ Yes

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) Jerome Vinson M. D.

1/12, 1931 (Address) City Hospital

*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 Pickers	Jan 13 1931
20. UNDERTAKER	**ADDRESS**
Wm C. Maydell	1926 Allen

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.

Hrad