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.

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

Do not use this space.

9273

File No. 22

Registered No. 218

1. PLACE OF DEATH

County: Cooper — Registration District No. 218

Township: — Primary Registration District No. 3015

City: Boonville (No. ..., ... St. ... Ward)

2. FULL NAME: Harry Sombart

(a) Residence. No. ... St., ... Ward. ... (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 35 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 | Single |

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 15 - 1896

| 7. AGE | Years | Months | Days | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|---|
| | 35 | 0 | 18 | |

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Retired Shoemerchant

(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): Boonville Mo.

PARENTS

10. NAME OF FATHER: Henry C. Sombart

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Boonville Mo.

12. MAIDEN NAME OF MOTHER: Julia Sahm

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Boonville Mo.

14. INFORMANT: Mrs. Henry C. Sombart

(Address): Boonville Mo.

15. FILED 3/10 1931 G. A. Russell, REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March - 5 - 1931

17. I HEREBY CERTIFY, That I attended deceased from Feb 22, 1931, to March 5, 1931, that I last saw h. alive on March 5, 1931, and that death occurred, on the date stated above, at 9.30 AM m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bronchopneumonia secondary to acute bronchitis (duration) yrs. mos. 5 ds.

CONTRIBUTORY (SECONDARY) Acute hepatitis (duration) yrs. mos. 11 ds.

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

DID AN OPERATION PRECEDE DEATH? No. DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical findings

(Signed) Walter O. Whitaker, M. D.

, 19 (Address) Boonville, 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: Walnut Grove Cem. — DATE OF BURIAL 3/7 1931

20. UNDERTAKER: Goodman + Biller — ADDRESS Boonville

Walter M Whitaker
2/24/[illegible]