

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.

17621

1. PLACE OF DEATH

County Franklin Registration District No. 297
Township St. John Primary Registration District No. 34/4
City Washington, Mo. P.F.L. St. 77 Ward)

2. FULL NAME

(a) Residence, No. Washington, Mo. P.F.L. No. 1
(Usual place of abode)
Length of residence in city or town where death occurred 50 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. 71 mos. — ds/6
(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 10th 1860

7. AGE YEARS 71 MONTHS 0 DAYS 16 IF LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year) Dec 21, 1930 11. Total time (years) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo

FATHER 13. NAME Henry Kefer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Mary Zundel

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Arthur Kefer Washington, Mo P.F.L.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Francis Ave. St. Joseph's Cemetery DATE May 29 1931

19. UNDERTAKER (ADDRESS) Kefer Bros. Washington, Mo

20. FILED May 27 1931 A. L. Marshall Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 26, 19 31

22. I HEREBY CERTIFY, That I attended deceased from Dec. 9, 1930, to May 26, 1931

I last saw him alive on May 26, 1931 Death is said to have occurred on the date stated above, at 2:57 p.m.

The principal cause of death and related causes of importance were as follows:
Pulmonary Tuberculosis Date of onset 12-9-30

Other contributory causes of importance: none

Name of operation none Date of —
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 19—

Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? NO
If so, specify —

(Signed) Bermanoff, M. D.
(Address) Washington, Mo.

JUN 25 1931

