

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

Do not use this space.

24034

1. PLACE OF DEATH

County Wagon
Township Washington
City Washington

Registration District No. 875
Primary Registration District No. 6162

File No. _____
Registered No. 166167
St. _____ Ward) _____

2. FULL NAME

George Melch Erentt

(a) Residence No. _____ St. _____ 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)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 12-14-1849

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 - -

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Justice of Peace
(b) General nature of industry, business, or establishment in which employed (or employer) 191
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) Ill

10. NAME OF FATHER Abraham Erentt

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Tenn

12. MAIDEN NAME OF MOTHER Sarah Newey

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Pa

14. INFORMANT State Hospital Record (Address) Neada Mo

15. FILED 7-10-31 E. V. King REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 21 1931

17. I, HEREBY CERTIFY, That I attended deceased from Nov 19, 1929 to June 21, 1931
that I last saw him alive on June 21, 1931, and that death occurred, on the date stated above, at 8:30 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

89A
99
Cerebral Hemorrhage
(duration) yrs. mos. 3 ds.

CONTRIBUTORY Arterio Sclerosis (SECONDARY) (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

WHAT TEST CONFIRMED DIAGNOSIS clinical
(Signed) E H Coan, M. D.

6-21, 1931 (Address) Neada 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 Pleasant Hill Mo DATE OF BURIAL 6-23 1931

20. UNDERTAKER Allen A Llays of Nevada, Mo ADDRESS _____

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.

JUL 28 1931

