

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

Do not use this space.

26070

1. PLACE OF DEATH

County..... Registration District No. 780
 Township..... Primary Registration District No. 446
 City St. Genevieve (No. St. Ward)

File No.
 Registered No. 57

2. FULL NAME

Joseph W. Herman
 (a) Residence, No. St. Ward.
 (Usual place of abode) (If non-resident, give city or town and State)

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.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 8 1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
68 7 26

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer retired

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) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wasserman, Missouri

FATHER 13. NAME Ignatius Herman

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

MOTHER 15. MAIDEN NAME Antonia Roscher

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

17. INFORMANT Mrs. Theresa Schaub
 (ADDRESS) Wasserman Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Genevieve Mo DATE July 6 1931

19. UNDERTAKER John Bashi
 (ADDRESS) St. Genevieve Mo

20. FILED July 5 1931 T.W. Douglas
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 4 1931

22. I HEREBY CERTIFY That I attended deceased from, 19....., to, 19.....

I last saw him alive on, 19..... Death is said to have occurred on the date stated above, at 5 A m.

The principal cause of death and related causes of importance were as follows:

Suicide Hanging by a rope around neck. (Product of fury)

Other contributory causes of importance: 165

Name of operation 8 Date of

What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?, 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? If so, specify

(Signed) Leg C Bashi Coroner, M.D.
 (Address) St. Genevieve Mo

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.

