

Do not use this space.

1. PLACE OF DEATH

County Lafayette
Township Davis
City Birmingham

Registration District No. 760
Primary Registration District No. 3628-a

File No. 38134
Registered No. 78
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. 708-1399 St. 2 Ward. 2
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 19 yrs. 5 mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX man	4. COLOR OR RACE white	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married
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5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF *Marg.*

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 10th 1848

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or min
83	83	25	19	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... *Electrician*

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

(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) Hermann
(STATE OR COUNTRY) Ill. U.S.A.

10. NAME OF FATHER Y. A. D.

11. BIRTHPLACE OF FATHER (CITY OR TOWN).....*German*
(STATE OR COUNTRY).....*NY*

12. MAIDEN NAME OF MOTHER *Don't know*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) SEE INSTRUCTIONS AT TOP OF PAGE 8 FOR OTHER DEPENDENTS NOT YET
(STATE OR COUNTRY) USA

14. Mr. O. P. Dorfman → B. G. Hoff
 (Address) Mississippi, M.F.

13. FILED 12/11 1931 Russi Porter REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 29 1931

17. I HEREBY CERTIFY, That I attended deceased from _____
 _____, 19____, to _____, 19____
 that I last saw him alive on _____, 19____, and that
 death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Hepatitis
93C
93D (duration) 3 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Myocardial Ischemia
2h (duration) 1 yrs. 1 mo. 1 ds.

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

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) [Signature], M. D.
 (Address) 121 - 1931

*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

Evangelical Lutheran	12-1	1931
ADDRESS		

20. UNDERTAKER	ADDRESS
Fager & Mienershagen Skjeggsvilla	

WHILE 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.

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