

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

Do not use this space.

2109

FEB 25 1932

1. PLACE OF DEATH
 88 County Randolph Registration District No. 735
 6 Township Moberly Primary Registration District No. 3034 File No. _____
 8 City Moberly (No. McDonough Hospital) Registered No. 257 St. _____ Ward _____
 2. FULL NAME Milton D. Hertzler
 (a) Residence. No. No. 1st St. 1st Ward. _____
 (Usual place of abode) _____ (If nonresident, 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 Eda B Hertzler
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 13 - 1857
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 2 6 _____
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work RR Crossing watchman
 (b) General nature of industry, business, or establishment in which employed (or employer) Wabash RR
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) La (STATE OR COUNTRY) 2
 10. NAME OF FATHER Unknown
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown (STATE OR COUNTRY) 31
 12. MAIDEN NAME OF MOTHER Unknown
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown (STATE OR COUNTRY) _____

14. INFORMANT N F Prugh (Address) Burlington Iowa
 15. FILED 1/20 32 Thos S. Fleming REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1/19/32 19____
 17. I HEREBY CERTIFY, That I attended deceased from _____
Coroner Case 19____, to _____, 19____
 that I last saw h_____ alive on _____, 19____, and that death occurred, on the date stated above, at 12:05 a. m.
 THE CAUSE OF DEATH* WAS AS FOLLOWS:
Gun Shot (.32 Pistol) shot through upper part of chest, fired by party unknown, ostensibly for purpose of robbery..
 (duration) _____ yrs. _____ mos. _____ ds.
 CONTRIBUTORY (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? yes. (5)
 WHAT TEST CONFIRMED DIAGNOSIS? _____
 (Signed) C. J. Ryan Coroner, _____ M. D.
1/19/32. (Address) Moberly, 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 Burlington Ia DATE OF BURIAL Jan 21 1932
 20. UNDERTAKER Mohr and Son ADDRESS Moberly 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.

