

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

Do not use this space.

24515

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City.....

(No.)

City, Hosp #1

File No.....

Registered No. 6647

St. Ward)

2. FULL NAME

(a) Residence, No.
(Usual place of abode)

St. Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs. mos.

How long in U. S., if of foreign birth?

yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M.* 4. COLOR OR RACE *W.* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Unknown*

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

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

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

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

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 *Unknown*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Unknown*

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS) *J. W. Kerger*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Potters Field* DATE *7-20-1932*

19. UNDERTAKER (ADDRESS) *Zieglerheim Bros.*

20. FILED *1932*

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 8, 1932*

22. I HEREBY CERTIFY that I attended deceased from *No Physician attended* 19... to 19...

I last saw him alive on *4-20-1932* Death is said to have occurred on the date stated above, at *420 A.*

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

Haemorrhage of Blain (Fractured Skull)

Other contributory causes of importance: *Massing and Cause not ascertained*

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? *Not* Date of injury *Not* 19... 32

Where did injury occur? *Not* (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. *Not*

Manner of injury *Fractured Skull*

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify *J. W. Kerger* (Signed) *J. W. Kerger* M.D. (Address) *Dep. Coroner*

WRITE 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.

FORM RESERVED FOR BRIDGE

