

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

Do not use this space.

26609

File No. _____
Registered No. 76
St. _____ Ward)

1. PLACE OF DEATH
54 County Rafayette
Township clery
City Watauga (No. _____)

Registration District No. 466
Primary Registration District No. 56220

2. FULL NAME _____
(a) Residence. No. _____ Ward. _____
(Usual place of abode)
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

SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED not known

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) not known
AGE 45? YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work no information
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) 31

10. NAME OF FATHER _____
11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) no information
12. MAIDEN NAME OF MOTHER _____
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) no information

14. INFORMANT Ernest Hegert (Address) Lexington, Mo

15. Aug 21, 1932 REGISTRAR F. W. Mann

MEDICAL CERTIFICATE OF DEATH

6. DATE OF DEATH (MONTH, DAY AND YEAR) 8/21/32

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 _____

THE CAUSE OF DEATH* WAS AS FOLLOWS:

103 Drowning
(duration) yrs. _____ mos. _____ ds. _____

CONTRIBUTORY (SECONDARY) no. River
(duration) yrs. _____ mos. _____ ds. _____

18. WHERE WAS DISEASE CONTRACTED _____ IF NOT AT PLACE OF DEATH _____ 5/1/77

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

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Edmund Frank M. D.
8/21/32 (Address) Crown, Concord

*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 _____

Lexington Mo Aug 21 1932

20. UNDERTAKER Ernest Hegert ADDRESS Lexington

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.

SEP 23 1932

Was an acts -
mistake involved
in this case?

No