

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

Do not use this space.

35078

File No.
Registered No. 25
St. Ward)

1. PLACE OF DEATH,
2. County Christian Registration District No. 171
Township Primary Registration District No. 4100
3. City Keysteville (No.
3. Full Name J. W. Hirsch
(a) Residence No. St., 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Tabbil Hirsch
6. DATE OF BIRTH (MONTH, DAY AND YEAR) 06/18/56
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
06/78 - -
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11-5-1932
17. I HEREBY CERTIFY, That I attended deceased from 19..... to 19..... that I last saw h..... alive on 19....., and that death occurred, on the date stated above, at m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Coronary Embolism

CONTRIBUTORY (SECONDARY) 99 (duration) yrs. mos. ds.
99 (duration) yrs. mos. 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) J. W. Hirsch M. D.
, 19 (Address) Salisbury 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 Keysteville Mo. DATE OF BURIAL Nov 9 1932

20. UNDERTAKER Hyde & Hamitt ADDRESS Keysteville Mo.

9. BIRTHPLACE (CITY OR TOWN)..... (STATE OR COUNTRY) Wisconsin 2
10. NAME OF FATHER Fred Hirsch
11. BIRTHPLACE OF FATHER (CITY OR TOWN)..... (STATE OR COUNTRY) Germany 10
12. MAIDEN NAME OF MOTHER Don't know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)..... (STATE OR COUNTRY) Don't know 5
14. INFORMANT Mrs. Charles
(Address) Keysteville Mo
15. FILED Nov 9 1932 Zetta Sneed REGISTRAR

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.

1932

