

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

Do not use this space.

1868

1. PLACE OF DEATH

79 County Gascon Registration District No. 406
Township Switzgones Primary Registration District No. 5560
City (No.) _____ St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Carl Junction 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

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widower
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 27-1862
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 1 4
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter
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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois
13. NAME Philip Fortz
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
15. MAIDEN NAME Whisman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT (ADDRESS) Charles Fortz
18. BURIAL, CREMATION, OR REMOVAL (ADDRESS) Carl Junction
PLACE DATE Jan. 2, 1933
19. UNDERTAKER (ADDRESS) Steele Undertaking Co.
Wash. City Mo.
20. FILED Jan 2, 1933 Carl Jones Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 1, 1933
22. I HEREBY CERTIFY, That I attended deceased from Dec 27, 1932 to Jan 1, 1933
I last saw him alive on Dec 27, 1932 Death is said to have occurred on the date stated above, at 7 A.M.
The principal cause of death and related causes of importance were as follows:

Chronic Valvular Heart Trouble (Mitral Regurgitation) Date of onset 1930
Other contributory causes of importance: 920

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? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? NO
If so, specify _____
(Signed) P. L. Alberty, M. D.
(Address) Carl Junction, Missouri

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.

STATE DEPARTMENT WITH CONTROLLING INTERESTS THIS IS A PERMANENT RECORD

