

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.

JUN 20 1933

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

Do not use this space.

1. PLACE OF DEATH 85
 County Buchanan Registration District No. _____
 Township _____ Primary Registration District No. 1501
 City St. Joseph (No. Missouri Methodist Hosp. St. _____ Ward _____)

2. FULL NAME George David Ferbert
 (a) Residence, No. R.F.D.#6. St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 48 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

18973
 File No. _____
 Registered No. 627
 St. _____ Ward _____

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 Edna Ferbert

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 26, 1885

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	48	3	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer & Truck Gardner

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) June, 1933 11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Joseph, Mo.

FATHER

13. NAME David Ferbert

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

MOTHER

15. MAIDEN NAME Anna Bieri

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

17. INFORMANT Mrs. Edna Ferbert
 (ADDRESS) R.F.D.#6. St. Jos. Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Ashland Cemetery DATE June, 20, 1933

19. UNDERTAKER Halle Meierhoffe
 (ADDRESS) 1802 Faraon St. St. Joseph, Mo.

20. FILED JUN 20 1933 John R. Bender
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June, 18, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1933 to June 18, 1933
 First saw him alive on June 18, 1933 Death is said to have occurred on the date stated above, at 1:56 P. m.
 The principal cause of death and related causes of importance were as follows:
Carcinoma of Stomach Date of onset Mar 1933
46 B
4:10

Other contributory causes of importance:
None

Name of operation Explanatory Examinations Date of 6-12-33
 What test confirmed diagnosis? _____ Was there an autopsy? no

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) H. B. Kearby M. D.
 (Address) Kirkpatrick Bldg, St. Joseph, Mo.

