

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

Do not use this space.

1. PLACE OF DEATH

49 County Jackson Registration District No. 403 File No. 23437
 Township Brookings Primary Registration District No. 557 Registered No. _____
 City Raytown (No. Raytown Hilldale) Ward _____

2. FULL NAME

John H. Erker
 (a) Residence, No. 2410 23rd St., _____ Ward. _____
 (Usual place of abode) Kansas City, Mo. (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. 3 mos. _____ ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>Wh</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Madge C. Erker</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 1, 1884</u>		
7. AGE YEARS <u>49</u>	MONTHS <u>4</u>	DAYS If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Mail Carrier</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>U. S. Mail</u>		
10. Date deceased last worked at this occupation (month and year) <u>June 1, 33</u>		11. Total time (years) spent in this occupation <u>10</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Augusta</u>		
13. NAME <u>John H. Erker</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Austria</u>		
15. MAIDEN NAME <u>Mary</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Austria</u>		
17. INFORMANT <u>Madge C. Erker</u> (ADDRESS) <u>2410 23rd Ave</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>Memorial Park</u> DATE <u>7-3-33</u>		
19. UNDERTAKER <u>Mrs. C. L. Foster</u> (ADDRESS) <u>918 Brookings Ave</u>		
20. FILED <u>7-1-</u> 19 <u>33</u> <u>H. W. Stables, M. D.</u> Registrar.		

1 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 1, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 19, 1933 to June 30, 1933
 Last saw him alive on June 30, 1933 Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:
Typhoid Fever Date of onset 6-19-33

Other contributory causes of importance: |

Name of operation _____ Date of _____
 What test confirmed diagnosis? clinical 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. W. Stables M. D.
 (Address) 1014 1/2 E. 23rd St. Kansas City, Mo.

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.

AUG 26 1933

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Nov 2-10. Jones

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