

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.

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

Do not use this space.

37667

1. PLACE OF DEATH

County St. Francois

Registration District No. 773

Township St. Francois

Primary Registration District No. 60654

Near City Farmington, Mo.

(No. State Hospital #4)

File No. _____

Registered No. 1217

St. _____

Ward _____

2. FULL NAME Harry Erb

(a) Residence, No. _____

(Usual place of abode)

St. _____

Ward. Oakville, Mo.

(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)

Married

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

Flora Burgess

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

May 13, 1902

7. AGE

YEARS

30

MONTHS

11

DAYS

17

If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

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

Bookkeeping

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)

Oakville Mo.

MOTHER FATHER

13. NAME

Geo. Erb

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

Oakville Mo.

15. MAIDEN NAME

Sophia Knaus

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

Oakville Mo.

17. INFORMANT (ADDRESS)

Hospital Records Farmington, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Oakville Mo DATE Nov. 7, 1933

19. UNDERTAKER (ADDRESS)

777 Farmington, Mo. Co. 7874 to Farmington, Mo.

20. FILED

Nov. 4, 1933

B. J. Robinson Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Nov 4, 1933

22. I HEREBY CERTIFY, That I attended deceased from

Sept 20, 1933, to Nov 4, 1933

I last saw him alive on Nov 4, 1933. Death is said

to have occurred on the date stated above, at 11 A. m.

The principal cause of death and related causes of importance were as follows:

General Paralysis of the Insane

Date of onset

Other contributory causes of _____

Name of operation _____ Date of _____

What test confirmed diagnosis? Cerebral 9 Feb 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? _____

If so, specify _____

(Signed) P. J. Jan

_____, M. D.

(Address) Hosp. #4 of Farmington Mo.

of 1950

of 1950