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.

714

1. PLACE OF DEATH

County FRANKLIN — Registration District No. 292 — File No. 2

Township BOEUF — Primary Registration District No. 5-410 — Registered No.

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Wm F. LERBS SR

(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 30 yrs. — mos. — ds. How long in U. S., if of foreign birth? 53 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 ANNA NEE WINDHORST

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) SEP. 23 - 1868

7. AGE: YEARS 65 — MONTHS 3 — DAYS 22 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

FATHER

13. NAME JOHN LERBS
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY

MOTHER

15. MAIDEN NAME KARIPINSKE
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY

17. INFORMANT (ADDRESS) Wm H. LERBS Jr BERGER, MO

18. BURIAL, CREMATION, OR REMOVAL PLACE SENATE GROVE DATE JAN 18, 1934

19. UNDERTAKER (ADDRESS) HERMAN BLUMER BERGER, MO.

20. FILED Feb 2, 1934 Mrs Jeffie Grannemann Registrar.

MEDICAL CERTIFICATE OF DEATH 12 05 PM

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JAN 15, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct., 1930, to Jan 15, 1934

I last saw him alive on Jan. 19, 1934. Death is said to have occurred on the date stated above, at 12 05 m.

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

Chronic Myocarditis

Date of onset

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? None 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) W. T. Daughtrey, M. D.

(Address) Berger, Mo.