

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City.....

Registration District No. **791**
1003
Primary Registration District No.

File No.
Registered No. **14446**
3621 St. Ward)

2. FULL NAME

(a) Residence, No. **3721 W 21st St., 20** Ward.
(Usual place of abode)

Witschi

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 **M** 4. COLOR OR RACE **W** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Nov 13 - 1853**

7. AGE YEARS **80** MONTHS **4** DAYS **27** If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **General Laborer**
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) **Switzerland**

FATHER 13. NAME **Unknown**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **1**

MOTHER 15. MAIDEN NAME **1**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **1**

17. INFORMANT **Wap Day M. Hunt** (ADDRESS) **City, Mo.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Highland** DATE **April 13, 1934**

19. UNDERTAKER **Hy Leidner** (ADDRESS) **1417 St. Market St.**

20. FILED **J. A. Brebeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **4/10** 19**34**

22. I HEREBY CERTIFY, That I attended deceased from **4/4**, 19**34**, to **4/10**, 19**34**. I last saw him alive on **4/10**, 19**34**. Death is said to have occurred on the date stated above, at **4 1/2** m.

The principal cause of death and related causes of importance were as follows:
Chronic bronchitis and myocarditis
Other contributory causes of importance:
Bronchopneumonia

Name of operation **none** Date of operation
What test confirmed diagnosis? Was there an autopsy? **Yes**

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury
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
John Macintosh (Signed) M. D.
City, Mo. (Address)

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.

