

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.

11813

1. PLACE OF DEATH

County.....

Registration District No.

791

Township.....

Primary Registration District No.

1003

City.....

(No.)

File No.

Registered No.

4541

St.

Ward)

2. FULL NAME

(a) Residence. No.

(Usual place of abode)

St.

Ward.

(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)

Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF**6. DATE OF BIRTH (MONTH, DAY AND YEAR)****7. AGE**

YEARS

MONTHS

DAYS

If LESS than 1 day, — hrs. or — min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

10. NAME OF FATHER**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY)

PARENTS

14.

INFORMANT

(Address)

15.

FILED

19.

REGISTRAR

MEDICAL CERTIFICATE OF DEATH**16. DATE OF DEATH (MONTH, DAY AND YEAR)**

17.

I HEREBY CERTIFY That I attended deceased from March 15, 1928, to March 27, 1928, that I last saw him alive on March 27, 1928, and that death occurred, on the date stated above, at 7 A.M.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Chronic pulmonary tuberculosis
2.3 A
9:15 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

Chronic myocarditis
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Henry C. Westerman, M.D.
3/27, 1928 (Address) City Hospital

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Washington 4/3/28

20. UNDERTAKER

ADDRESS

W. Richter 300 Rutger

Hoyun