

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

Do not use this space.

21338

1. PLACE OF DEATH

County Jackson
Towship Saw
City Saw City (No. 2209)

Registration District No. 399
Primary Registration District No. 1002

File No. 2682
Registered No. 11 (Ward)

2. FULL NAME

John D. Sievers
(a) Residence No. 2209 Prospect St. Ward. 11
(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar. 26 1855

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ___ hrs. or ___ min.
	<u>72</u>	<u>3</u>	<u>7</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer) Baker
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Germany

10. NAME OF FATHER

Sievers

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER

Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Germany

14.

INFORMANT Gust H. Sievers
(Address) 2209 Prospect

15.

FILED 7/5 27 M. M. Ernie REGISTRAR
Post

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 3, 1927

17. I HEREBY CERTIFY, That I attended deceased from 10:00, 1927, to July 3, 1927, that I last saw him alive on July 3, 1927, and that death occurred, on the date stated above, at 7:10 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS

117A gastric ulcer
IIIIV (duration) 6 yrs. mos. da.
CONTRIBUTORY not shown
(SECONDARY) (duration) 6 yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

0 DID AN OPERATION PRECEDE DEATH? no DATE OF -

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical symptoms

(Signed) H. S. Denton, M. D.

7/4 1927 (Address) 1215 Rault Bldg.

*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

Mr. H. Washington July 5, 1927

20. UNDERTAKER

ADDRESS

J. H. Hagner 1409 Grand

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.

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No. 4412