

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

22571

1. PLACE OF DEATH

County.....

Registration District No.....

791

Township.....

Primary Registration District No.....

1003

City.....

(No. *City of Papeta*)

File No.....

Registered No. *6792*

St.....

Ward.....

2. FULL NAME

(a) Residence. No..... St.....

(Usual place of abode) *609 N. Jefferson St.*

Ward.....

(If nonresident give city or town and State)

Length of residence in city or town where death occurred *2 1/2* yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Male</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <i>Single</i>
-----------------------	----------------------------------	---

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Sept 13 1877*

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<i>50</i>	<i>8</i>	<i>29</i>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... *Labor*

(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) *Tennessee*

10. NAME OF FATHER *Not known*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) *Tennessee*

12. MAIDEN NAME OF MOTHER *Stumm*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) *Not known*

14. INFORMANT (Address) *Henry C. Stanley, City of Papeta*

15. FILED *28 1928* REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *June 12 1928*

17. I HEREBY CERTIFY, That I attended deceased from *June 9 1928* to *June 12 1928* that I last saw him alive on *June 12 1928*, and that death occurred, on the date stated above, at *3 1/2 A.M.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:
General arteriosclerosis
131
736
97 (duration)..... yrs. mos. ds.

CONTRIBUTORY (SECONDARY) *Chronic myocarditis*
Chronic diffuse nephritis (duration)..... yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....
DID AN OPERATION PRECEDE DEATH? *Yes* DATE OF.....
WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) *Henry C. Westerman*, M. D.
6/12 1928 (Address) *City of Papeta*

*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 *St. Louis, Mo.* DATE OF BURIAL *6/22 1928*

20. UNDERTAKER *W. Richter* ADDRESS *3000 Ridge*

Robinson.