

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

Do not use this space.

39974

1. PLACE OF DEATH

County Cole
Township Jefferson
City Jefferson (No.)

Registration District No.
Primary Registration District No. 3014

File No.
Registered No. 288
St. Ward)

2. FULL NAME

(a) Residence. No. 127 N High St., Ward.
(Usual place of abode) (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) widowed

5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Margie Evans

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 2-1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
55 | 6 | 5

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Concrete worker
(b) General nature of industry, business, or establishment in which employed (or employer) various firms
(c) Name of employer Cedar City Mo

9. BIRTHPLACE (CITY OR TOWN) Cedar City Mo
(STATE OR COUNTRY)

10. NAME OF FATHER Adam Wolf

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

12. MAIDEN NAME OF MOTHER Bettie Griffin

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mo
(STATE OR COUNTRY)

14. INFORMANT Mrs Velma Johnson
(Address) 127 N High

15. FILED 12.10.28 Sev Bedford REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 7 1928

17. I HEREBY CERTIFY That I attended deceased from Sept 28, 1928, to Dec 7, 1928 that I last saw him alive on Dec 7, 1928 and that death occurred, on the date stated above, at m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

myocarditis and Chronic Nephritis (glomerular)
131
93 (duration) 1 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 154 W (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH? no DATE OF.....

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical
(Signed) Gas A. Hill, M. D.
12/8, 1928 (Address) Jefferson City Mo.

*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 Woodlawn Cem DATE OF BURIAL Dec 10 27

20. UNDERTAKER Lawson ADDRESS Mo

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MAN 67
27

