

SEP 24 1929

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

Do not use this space.

27238

1. PLACE OF DEATH

County Chanton Registration District No. 175  
Township \_\_\_\_\_ Primary Registration District No. 4104  
City Salesburg St. \_\_\_\_\_ Ward)

File No. \_\_\_\_\_  
Registered No. 43  
St. \_\_\_\_\_ Ward)

2. FULL NAME

(a) Residence. No. \_\_\_\_\_ 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) m

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) NOV-27-52

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_hra. or \_\_\_\_\_min.  
76 8 13

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired farmer  
(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) Ill

10. NAME OF FATHER J. Geo. Freese  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germans  
12. MAIDEN NAME OF MOTHER Funk  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Gymnacy

14. INFORMANT Theo. Freese  
(Address) Salesburg Mo

15. FILED 8/10 1929 Geo. Stankus REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8-10 1929

17. I HEREBY CERTIFY, That I attended deceased from 8-1-29 to 8-10-29, 1929, and that I last saw him alive on 8-10, 1929, and that death occurred, on the date stated above, at 30 m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
apoplexy  
89 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) arterio-sclerosis (duration) yrs. mos. ds.

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

19. DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) W. Stankus, M. D.  
8/10, 1929 (Address) Salesburg 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 Salesburg DATE OF BURIAL 8-12-29

20. UNDERTAKER Wm. Kehney Bro ADDRESS Salesburg

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.

24  
6  
2

2  
10

2  
3  
20  
T