

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

Do not use this space.

34692

1. PLACE OF DEATH

County Phillips
Township St. James
City St. James

Registration District No. 678
Primary Registration District No. 44-04

File No.
Registered No.
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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF Frank Erhart
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 7 - 1873
7. AGE Years 36 Months 7 Days 11 If LESS than 1 day, ... hrs. or ... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House wife
(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 John Baker
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Not known
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

14. INFORMANT Frank Erhart
(Address) St. James Mo.

15. FILED Oct 27 1927 Henry J. Walters
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 28 - 1927
17. I HEREBY CERTIFY, That I attended deceased from Oct 15, 1927, to Oct 27, 1927, that I last saw him alive on Oct 27, 1927, and that death occurred, on the date stated above, at 10 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of left kidney

CONTRIBUTORY (SECONDARY) U (duration) ... yrs. ... mos. ... ds.

18. WHERE WAS DISEASE CONTRACTED? IF NOT AT PLACE OF DEATH, ...
DID AN OPERATION PRECEDE DEATH? yes DATE OF May - 1927
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Blunt
(Signed) W. Nelson St. Beer, M. D.
10/28, 1927 (Address) St. James Mo

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St. James Ill DATE OF BURIAL Oct. 30 - 1927

20. UNDERTAKER Jones and Kim ADDRESS St. James 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.

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