

OCT 30 1930

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

Do not use this space.

1. PLACE OF DEATH

County Marion

Registration District No. 547

Township Marion

Primary Registration District No. 322

City Hannibal

(No. Loving Hospital)

File No. 30493  
Registered No. 6 St. 6 Ward

2. FULL NAME

(a) Residence. No. 214 1/2 South Main St. 3 Ward.

Length of residence in city or town where death occurred 7 yrs. 3 mos. 3 ds. How long in U. S., if of foreign birth? Don't know

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Married

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

Mary Beale

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

Don't know

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ..... hrs. or ..... min.

about 57

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Porter

(b) General nature of industry, business, or establishment in which employed (or employer)

Sulphur Bath House

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Roumania

10. NAME OF FATHER

Don't know

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

" "

12. MAIDEN NAME OF MOTHER

" "

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

" "

14.

INFORMANT

(Address)

Estachie City

Illasco, Mo.

15.

FILED

9/8, 1930

Collins

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Sept. 6 - 1930

17.

I HEREBY CERTIFY, That I attended deceased from Sept 5<sup>th</sup>

1930, to Sept 6, 1930

that I last saw him alive on Sept 6, 1930 and that death occurred, on the date stated above, at 10:30: P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Lobar Pneumonia

108

734

(duration) ..... yrs. .... mos. 1 week ds.

CONTRIBUTORY (SECONDARY)

Myocarditis, acute

(duration) ..... yrs. .... mos. 2 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

0 DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS

Examination

(Signed) Howard B. Goodrich, M. D.

9-8-1930, (Address) Hannibal, 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

DATE OF BURIAL

Marble Creek Cemetery

9-9-1930

20. UNDERTAKER

ADDRESS

Schwartz Funeral Home

Hannibal Mo.

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

K. 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.

27  
28