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.

FEB 18 1931

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

Do not use this space.

646

1. PLACE OF DEATH
County Cole
Township Jefferson
City ..... No. ..... St. ..... Ward)

Registration District No. 213
Primary Registration District No. 3014

File No. 29
Registered No. .....

2. FULL NAME John Raymond Distler
(a) Residence. No. 1 St., ... Ward. Elston Mo
(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): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mch 30-1930

7. AGE: X Years | 9 Months | 28 Days | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Chief
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Elston
(STATE OR COUNTRY) Mo

PARENTS
10. NAME OF FATHER Mathias Distler
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Cole Mo
(STATE OR COUNTRY) Mo
12. MAIDEN NAME OF MOTHER Mary Welsh
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Cole Co
(STATE OR COUNTRY) Mo

14. INFORMANT Mathias Distler
(Address) Elston Mo

15. FILED 2-6-1931 N. W. Bedford
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 28 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan 21, 1931, to Jan 28, 1931, that I last saw h..... alive on Jan 28 1931, and that death occurred, on the date stated above, at 8 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Broncho-pneumonia
1-7A
10 Yrs
(duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (SECONDARY) none
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? no. DATE OF (1)
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) R. C. [illegible], M.D.
, 19 (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: St Martins
DATE OF BURIAL: Jan 29 1931

20. UNDERTAKER: Hawson-Tanner
ADDRESS: JC Mo