

JUN 24 1937

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

Do not use this space.

1. PLACE OF DEATH

12 County New Madrid
Township Carroll
3 City Parma (No.)

Registration District No. 605580
Primary Registration District No. 4359

File No. 20785
Registered No. 2 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 W (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 6, 1900

7. AGE, YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
36 8 1

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pharmacist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo

13. NAME Alfred Hierty, Sr

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Luxemburg

15. MAIDEN NAME Anna Hansen

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Denmark

17. INFORMANT Mrs. Meta Gerdes (sister)
(ADDRESS) Newbern City, Ark

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peter DATE May 10, 1937

19. UNDERTAKER T. C. Knight
(ADDRESS) Parma

20. FILED 57 1937 Dr. Geo. W. Lusted
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-7 1937

22. I HEREBY CERTIFY, That I attended deceased from 1930 to May 7 1937

I last saw him alive on May 7 1937. Death is said to have occurred on the date stated above, at 10:15 A.M.

The principal cause of death and related causes of importance were as follows:

Arthritis (cause unknown)
myocarditis

Date of onset

Other contributory causes of importance: Coronary artery atherosclerosis

Name of operation Date of
What test confirmed diagnosis Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury 19.....

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Geo. W. Lusted M. D.
(Address) Parma

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.

