

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

Do not use this space.

2267

**1. PLACE OF DEATH**

County Laurens  
Township Pearce City mo  
City Pearce City mo

Registration District No. 471  
Primary Registration District No. 6284

File No. 7  
Registered No. 2  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Fred Korfer

(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)  
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.  
(If nonresident give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 26 - 1886

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
78 1 8

**8. OCCUPATION OF DECEASED**

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

10. NAME OF FATHER Michael Korfer

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Parris =

12. MAIDEN NAME OF MOTHER Bartel

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Parris

14. INFORMANT Mrs Fred Korfer  
(Address) Pearce City mo

15. FILED 2/9, 1929 N Ross Clark  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 2 1929

17. I HEREBY CERTIFY That I attended deceased from \_\_\_\_\_ 1929 to \_\_\_\_\_ 1929 that I last saw him alive on Feb 4 1929 and that death occurred, on the date stated above, at \_\_\_\_\_

**THE CAUSE OF DEATH WAS AS FOLLOWS:**

Chronic Hepatitis  
1290  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
CONTRIBUTORY (SECONDARY) \_\_\_\_\_  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH: \_\_\_\_\_

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

**WHAT TEST CONFIRMED DIAGNOSIS**

(Signed) E. B. Wright M. D.  
, 19 \_\_\_\_\_ (Address) Pearce 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 DATE OF BURIAL

St Marys Cemetery Jan 4 1929

20. UNDERTAKER ADDRESS  
Wm Gracell Jr Pearce City

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.

