

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

Do not use this space.

6163

1. PLACE OF DEATH

55 County Lawrence
Township N. Mt. Vernon
City _____ (No. _____)

Registration District No. 470
Primary Registration District No. 5633

File No. _____
Registered No. 14
St. _____ Ward _____

2. FULL NAME Andrew Hirsch, Jr.

(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. 1 mos. 8 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) March 2, 1909

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day,	
				hrs.	min.
	<u>21</u>	<u>11</u>	<u>16</u>		

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

9. BIRTHPLACE (CITY OR TOWN) Cincinnati
(STATE OR COUNTRY) Ohio

10. NAME OF FATHER Andrew Hirsch

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____
(STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Barbara Russell

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

14. INFORMANT Mo S. S. Records
(Address) N. Mt. Vernon, Mo.

Filed March 9, 1931 at N. Mt. Vernon, Mo.
REGISTRAR

1 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 18 1931

17. I HEREBY CERTIFY, That I attended deceased from _____
Jan. 10, 1931, to Feb. 18, 1931
that I last saw him alive on Feb. 18, 1931, and that death occurred, on the date stated above, at _____ 11:22 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary tuberculosis
2 3/4 (duration) 1 yrs. - 0 mos. - 0 ds.

CONTRIBUTOR (SECONDARY) Pulmonary of larynx and pharynx
(duration) _____ yrs. - 3 mos. - _____ ds.

18. WHERE WAS DISEASE CONTRACTED _____
IMMEDIATE PLACE OF DEATH Joplin, Mo.

DID AN OPERATION PRECEDE DEATH? No DATE OF _____
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? X-Ray and spec. culture
(Signed) J. B. Statton, M. D.

Feb. 18, 1931 (Address) N. Mt. Vernon, 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 Joplin, Mo. DATE OF BURIAL Mo 1931

20. UNDERTAKER Frank Sievers Co ADDRESS Joplin

N. B.—Every item of information 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.

By T. J. J. J.