

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

Do not use this space.

4784

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township..... Primary Registration District No. 1003  
 City St. Louis (No. Missouri Baptist Can. St.          Ward         )

**2. FULL NAME**

(a) Residence. No. Bismarck mo. St. 12 Ward. Bismarck 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

**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 Lena Kerlaggon

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug-19-1855

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>73</u>	<u>5</u>	<u>11</u>	

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

9. BIRTHPLACE (CITY OR TOWN) St. Genevieve  
 (STATE OR COUNTRY) Mo

10. NAME OF FATHER J. E. Kerlaggon

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

12. MAIDEN NAME OF MOTHER Mary A. Palmer

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

14. INFORMANT Lena Kerlaggon  
 (Address) Bismarck Mo

15. FILED 311 1929 REGISTRAR [Signature]

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 30 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 27, 1929, to Jan 30, 1929, that I last saw him alive on Jan 30, 1929, and that death occurred, on the date stated above, at 4:15 a. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Acute Appendicitis

CONTRIBUTORY (SECONDARY) 1170

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH... Bismarck Mo 1230 a.m.

DID AN OPERATION PRECEDE DEATH... Yes DATE OF Jan 28 1929

WAS THERE AN AUTOPSY... No

WHAT TEST CONFIRMED DIAGNOSIS... Operation  
 (Signed) [Signature], M. D.

\*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 Bismarck Mo. DATE OF BURIAL 1-31-1929

20. UNDERTAKER Petty Bros 3029 Laf Ave. ADDRESS

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD  
 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.  
 4500 Olive St. St. Louis, Mo.  
 213

h. a. h. h. h.

2.30-4. p.m. today ( )