

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

Do not use this space.

33074

**1. PLACE OF DEATH**

County Cooper  
 Township Boonville  
 City Boonville (No. ....)

Registration District No. 218  
 Primary Registration District No. 3015

File No. ....  
 Registered No. 99  
 St. .... Ward)

**2. FULL NAME**

(a) Residence. No. Lipton Mo 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 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) July 28 1917

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
10 4 2

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work At home  
 (b) General nature of industry, business, or establishment in which employed (or employer)  
 (c) Name of employer

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

**PARENTS**

10. NAME OF FATHER Louis G. Inhoff  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Versailles Mo  
 (STATE OR COUNTRY)  
 12. MAIDEN NAME OF MOTHER Rose Beecher  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Lipton Mo  
 (STATE OR COUNTRY)

14. INFORMANT L. G. Inhoff  
 (Address) Lipton Mo

15. FILED Dec 6 1927 McClintock REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 30 1927

I HEREBY CERTIFY, That I attended deceased from Nov 24 1927 to Nov 30 1927 (that I last saw h. .... alive on Nov 30 1927, and that death occurred, on the date stated above, at 5:45 P.M.

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

Sun that was left hip  
of thigh accident  
 (duration) .... yrs. .... mos. .... ds.  
 CONTRIBUTORY Infectious wet gangrene  
left leg. (duration) .... yrs. .... mos. .... ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH Lipton Mo.

DID AN OPERATION PRECEDE DEATH? no DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical  
 (Signed) C. H. van Ravenswaay, M. D.

Dec 5 1927 (Address) Boonville 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 Lipton Mo DATE OF BURIAL Dec 7 1927

20. UNDERTAKER Schwitzky, Theresa ADDRESS Boonville Mo

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.

