

MARGIN RESERVED FOR BINDING

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.

## PLACE OF DEATH

County Perry  
 Township Inglewatts Registration District No. 659 File No. 28153  
 or  
 Village \_\_\_\_\_ Primary Registration District No. 5876 Registered No. 19  
 or  
 City \_\_\_\_\_ (NO. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

(If death occurred in a hospital or institution, give its NAME instead of street and number)

FULL NAME Fredrick Charles Fligel

## PERSONAL AND STATISTICAL PARTICULARS

SEX male COLOR OR RACE white SINGLE MARRIED WIDOWED OR DIVORCED single  
(Write the word)

DATE OF BIRTH Dec. 28, 1902  
(Month) (Day) (Year)

AGE 7 yrs. 8 mos. 9 ds. If LESS than 1 day, \_\_\_ hrs. or \_\_\_ min.?

OCCUPATION (a) Trade, profession, or particular kind of work farm work

(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_

BIRTHPLACE (City or town, State or foreign country) Millheim Mo

PARENTS  
 NAME OF FATHER Herman Fligel  
 BIRTHPLACE OF FATHER (City or town, State or foreign country) Germany  
 MAIDEN NAME OF MOTHER Eda Emma Nepal  
 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Germany

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Herman Fligel  
 (ADDRESS) Millheim Mo

Filed Sep 8 1910 C. P. Bowman  
 REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 7, 1910  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Spiritus 1910, to Sept 7th P.M., 1910, that I last saw him alive on Sept 7th, 1910, and that death occurred, on the date stated above, at 5:30 P.M.

The CAUSE OF DEATH\* was as follows:

Cerebro Spinal Meningitis from the information I had of base. Treated patient from office one day. (Duration) \_\_\_ yrs. \_\_\_ mos. 1 day.

Contributory (SECONDARY) \_\_\_\_\_ (Duration) \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.

(Signed) A. E. Dalton M. D. Sep 8, 1910 (Address) Friedheim Mo

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds. In the State \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.

Where was disease contracted if not at place of death? \_\_\_\_\_

Former or usual residence \_\_\_\_\_

PLACE OF BURIAL OR REMOVAL Friedheim Mo DATE OF BURIAL Sep 9, 1910

UNDERTAKER L. Klaus ADDRESS Friedheim Mo

V. B. No. 2.

