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

Do not use this space.

1. PLACE OF DEATH
County Franklin — Registration District No. 301 — File No. 26920 a
Township Prairie — Primary Registration District No. 6418 — Registered No.
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Henry Traum
(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. mos. 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): married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 15, 1868.

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
69	4	15	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(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) Austria Hungary

PARENTS
10. NAME OF FATHER Mike Traum
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Austria-Hungary.
12. MAIDEN NAME OF MOTHER Not Known
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Austria-Hungary

14. INFORMANT Mrs Mary Muth
(Address) Leslie, Mo.

15. FILED Oct 15, 1927 S. L. Dewhirst
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 29 - 1927

17. I HEREBY CERTIFY, That I attended deceased from Sept 17th, 1927, to Sept 29, 1927, that I last saw him alive on Sept 29, 1927, and that death occurred, on the date stated above, at 2 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Apoplexy -
9 A
8 A (duration) ..... yrs. ..... mos. 12 ds.

CONTRIBUTORY (SECONDARY) Chronic Endocarditis + Valvular heart lesion? (duration) ..... yrs. — mos. — ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Not
DID AN OPERATION PRECEDE DEATH? no DATE OF .....
WAS THERE AN AUTOPSY? no -
WHAT TEST CONFIRMED DIAGNOSIS? Clinical symptoms

(Signed) C. F. Briegleb, M. D
Sept 29, 1927 (Address) St Clair, 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: Sullivan, Mo. — DATE OF BURIAL: Oct 3 - 1927

20. UNDERTAKER: Casey + Dausman — ADDRESS: St. Clair, Mo.

AGE should be stated EXACTLY. PHYSICIANS should state ... in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.