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

Do not use this space.

17609

1. PLACE OF DEATH

County: Lafayette — Registration District No. 460 — File No.

Township: — Primary Registration District No. 4274 — Registered No. 44

City: Higginsville, (No. ..... St. ..... Ward)

2. FULL NAME: Henry Nuelle

(a) Residence. No. ..... St., ... Ward. ..... (If nonresident give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Aug. 25th 1851

7. AGE: 76 YEARS — MONTHS: 8 — DAYS: 12 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Retired Farmer
(b) General nature of industry, business, or establishment in which employed (or employer): 131
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): Hanover
(STATE OR COUNTRY): Germany

PARENTS

10. NAME OF FATHER: Fritz Nuelle

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

12. MAIDEN NAME OF MOTHER: Unknown

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

14. INFORMANT: Geo. Nuelle
(Address): Higginsville Mo

15. FILED 3-9, 1928 Dissie P. Porter, REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): May 7 1928

17. I HEREBY CERTIFY: That I attended deceased from May 6, 1928, to May 7, 1928, that I last saw him alive on May 7, 1928, and that death occurred, on the date stated above, at 12.15 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Nephritis - Chronic - (Due to back pressure from Enlarged prostate.
(duration) ? yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Hypertrophy of prostate gland
(duration) ? yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS? Physical & laboratory findings
(Signed) W. E. Koppenbrink, M. D.
May 8, 1928 (Address) Higginsville, 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: Catholic — DATE OF BURIAL: 5/9 1928

20. UNDERTAKER: A. H. Stoder — ADDRESS: Higginsville Mo

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

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.

V. S. No. 2.