25 1928

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

Do not use this space.

20228

**1. PLACE OF DEATH**

County Cole — Registration District No. 215 — File No.

Township Liberty — Primary Registration District No. 5295 — Registered No.

City ~~Osage City~~ (No. ..... St. ..... Ward)

**2. FULL NAME** Christian Fassbinder

(a) Residence. No. ..... Osage City Mo St., ..... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) |
|---|---|---|
| Male | White | Marrid |

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
Mary Fassbinder, (Nee Wegeman)

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 1st 1853

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| 76 | | 3 | 19 | |

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) St Louis, County Mo
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Jacob Fassbinder

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

12. MAIDEN NAME OF MOTHER Annie Bolen

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) do not know
(STATE OR COUNTRY)

14. INFORMANT Henry B Bode
(Address) Osage City Mo

15. FILED 6-19, 1928 L. F. Cruse
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 19 1928

17. I HEREBY CERTIFY, That I attended deceased from 6-18, 1928, to 6-18, 1928, that I last saw him alive on 6-18 p, 1928, and that death occurred, on the date stated above, at 4 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Valvular Heart Disease

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Gall

(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? Clinical symptoms

(Signed) L. F. Cruse, M. D

6-19, 1928 (Address) Osage City 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 | DATE OF BURIAL |
|---|---|
| Taos Mo Cole Co. | 6-21-28 19 |

| 20. UNDERTAKER | ADDRESS |
|---|---|
| Dawson Tanner | J C 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.