OCT 30 1928

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

Do not use this space.

31252

1. PLACE OF DEATH
County Orange
Township
City Freeburg (No. ..... St. ..... Ward)
Registration District No. 1124
Primary Registration District No. 5851 9
File No. 9
Registered No. 9

2. FULL NAME Frank Dauk
(a) Residence. No. Freeburg 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): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 15 - 1866
7. AGE: Years 61, Months 11, Days 3. If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Labor
(b) General nature of industry, business, or establishment in which employed (or employer) Day Labor
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) Freeburg Mo
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER Frederick Dauk
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Clara Ering
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany

14. INFORMANT Fred Dauk
(Address) Freeburg Mo
15. FILED Oct 10 1928 Mrs. B. M. Buechler REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 19 1928
17. I HEREBY CERTIFY, That I attended deceased from September 5, 1928, to Sept 18, 1928, that I last saw him alive on Sept 18, 1928, and that death occurred, on the date stated above, at 12 10 a m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Nephritis (Chronic)
131
132 B (duration) 1 yrs. 6 mos. ds.
CONTRIBUTORY (SECONDARY) Uremic Coma
(duration) yrs. mos. 3 ds.
18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? Laboratory & Chemical
(Signed) Jos. L. A. Buechler, M. D
Sept 19 1928 (Address) Freeburg

*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 Cemetery Freeburg Mo
DATE OF BURIAL: Sept 21 1928
20. UNDERTAKER: Phil Hagman
ADDRESS: Freeburg 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.