

JAN 28 1929

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

Do not use this space.

43719

1. PLACE OF DEATH

County Scott

Registration District No. 816

Township Chaffee

Primary Registration District No. 4492

City Chaffee (No.)

File No.

Registered No. 25

St. Ward

2. FULL NAME

Elmo Paul Genkhoff

(a) Residence. No. 2208 Main St. Ward.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 6 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

Elaine Genkhoff

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 16, 1891

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>37</u>	<u>3</u>	<u>1</u>	

8. OCCUPATION OF DECEASED Owner, Inc. Battery St.

(a) Trade, profession, or particular kind of work Agent for Pierce Oil Co

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Charleston

(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Wm. Genkhoff

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown

(STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Berdie Walter

(STATE OR COUNTRY) Missouri

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) New Hamburg

(STATE OR COUNTRY) Missouri

14. INFORMANT Elmo Genkhoff

(Address) Chaffee Mo

15. Dec 18 1928

G. W. Sample REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 17th 1928

17. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to, 19.....

that I last saw h..... alive on about 5 19....., and that death occurred, on the date stated above, at..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Suicide by Gun Shot Wounded in head - by a .37 Pistol

167 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 170 (duration) yrs. mos. 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.....

(Signed) W. N. Moore M.D.

12-18, 1928 (Address) at Chaffee Mo

*State the DISEASE CAUSING DEATH, or if death from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

Guardian Angel Cem. Oran Mo

DATE OF BURIAL

Dec 19, 1928

20. UNDERTAKER

J. C. Bisplinghoff

ADDRESS

Chaffee 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.

