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

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.

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

Do not use this space.

497

1. PLACE OF DEATH
County Cape Girardeau — Registration District No. 124 — File No.
Township Byrd — Primary Registration District No. 5179 — Registered No. 16
City near Jackson (No. ..... St. ..... Ward)

2. FULL NAME Wm F. Engelman
(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: Ida H. Engelman

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sept 29 - 1878.

7. AGE: 50 YEARS — MONTHS: 3 — DAYS: 20 — If LESS than 1 day, ... hrs. or ..... min.

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): 0
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Old Appleton Mo.

PARENTS
10. NAME OF FATHER: Hy Engelman
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Old Appleton Mo
12. MAIDEN NAME OF MOTHER: Frederick Pohlman
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Germany

14. INFORMANT: Hy Engelman
(Address): Jackson Mo.

15. FILED 1-24, 1929 D. G. Seiber REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan 19 11 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 11 11, 1929, to Jan 19, 1929 that I last saw him alive on Jan 19, 1929, and that death occurred, on the date stated above, at 6 30 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pleuro Pneumonia
108 (duration) yrs. mos. 4 ds.
CONTRIBUTORY (SECONDARY): Influenza
(duration) yrs. mos. 8 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? At home
DID AN OPERATION PRECEDE DEATH? No. DATE OF —
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Symptoms
(Signed) D. F. L. Schwartz, M. D
1-23, 1929 (Address) Jackson 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: Russell Heights Jackson — DATE OF BURIAL: Jan 21 1929

20. UNDERTAKER: McCombs Fur + Und Co. — ADDRESS: Jackson Mo