FEB 4 1929

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

Do not use this space.

1002

1. PLACE OF DEATH

County: Franklin — Registration District No. 297

Township: Washington — Primary Registration District No. 216

City: Washington (No. ..... St. ..... Ward)

File No. .....

Registered No. 1

2. FULL NAME John William Terschluse

(a) Residence. No. 101 E. 5th St. St., ... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 5 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	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~OR WIFE OF~~ Mary Katherine Weber

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 30, 1869

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	59	8	3	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Shoe Worker

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Port Hudson
(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER Wm. Henry Terschluse

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

12. MAIDEN NAME OF MOTHER Adelaid Boland

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

14. INFORMANT Mary Katherine Weber Terschluse
(Address) Washington, Mo.

15. Jan 5, 1929 O. L. Mueller
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 3 1929

17. I HEREBY CERTIFY, That I attended deceased from Dec 30, 1928, to Jan 3, 1929, that I last saw him alive on Jan 3, 1929, and that death occurred, on the date stated above, at 2:00 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar Pneumonia (right) U.A.

108 (duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (SECONDARY) Influenza (duration) ..... yrs. ..... mos. 3 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH Place of death

DID AN OPERATION PRECEDE DEATH No. DATE OF —

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) Robert R. Cullen, M. D.

Jan 5, 1929 (Address) Washington, 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 Cemetery, Washington, Mo.

DATE OF BURIAL: 1-6- 1929

20. UNDERTAKER: Otto & Co.

ADDRESS: Washington, Mo.

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.

V. S. No. 2.

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