

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

Do not use this space.

1022

1. PLACE OF DEATH

County, Gasconade
Township, Roark
City, Roark (Name)

Registration District No. 303
Primary Registration District No. 5420

File No. _____
Registered No. 1
St. _____ Ward) _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward. _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Fritz Niltney

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct-6-1836

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
92 2 29

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Germany
(STATE OR COUNTRY)

10. NAME OF FATHER Unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany
(STATE OR COUNTRY)

14. INFORMANT Mrs Fritz Kirchhofer
(Address) Hermann mo

15. FILED 1-6-, 1929 Anna Riskoff
REGISTER

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan-4-1929

17. I HEREBY CERTIFY That I attended deceased from 10 to 11 Jan 4, 1929 that I last saw him alive on Jan 4, 1929, and that death occurred, on the date stated above, at 3 PM.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bright's Disease
Old age
CONTRIBUTORY (SECONDARY) _____

18. WHERE WAS DISEASE CONTRAIGNED At home
IF NOT AT PLACE OF DEATH _____
DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? Microscopic
(Signed) W. H. Hessel, M. D.
1/6, 1929 (Address) Hermann 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 Niltney Farm Cemetery DATE OF BURIAL Jan 6th 1929
20. UNDERTAKER Herman Blumer ADDRESS Hermann 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.

