

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

Do not use this space.

11850

1. PLACE OF DEATH

County Philps
Township Arlington
City (No.) (No.) St. Ward)

Registration District No. 674
Primary Registration District No. 5-899

File No.
Registered No. 4

2. FULL NAME

Wayne Douglas Falkenrath

(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. 5 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 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 26-1928

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
5 1

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Arlington
(STATE OR COUNTRY) Mo

10. NAME OF FATHER Fred Falkenrath

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

12. MAIDEN NAME OF MOTHER Lucie Gallohan

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

14. INFORMANT Fred Falkenrath
(Address) Arlington Mo

15. FILE 727, 19 29 B.T. Smith
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 27- 19 29

17. I HEREBY CERTIFY, That I attended deceased from Mar 23- 1929, to May 27- 1929 that I last saw breath alive on Mar 27- 1929, and that death occurred, on the date stated above, at 5:30 PM m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cobas Pneumonia
100
10/10

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) R.E. Brewer, M. D.
, 19 (Address) Newburg 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 Roach Cem Rolla Mo DATE OF BURIAL Mar 27- 19 29

20. UNDERTAKER Lee Johnson ADDRESS Newburg 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.

1929 30 1929

