

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

Do not use this space.

34151

1. PLACE OF DEATH

County Jasper Registration District No. 411
Township Adrian Primary Registration District No. 32
City Joplin (No. _____) St. _____ Ward _____

2. FULL NAME

Amiel Charles Techapper
(a) Residence. No. 403 1/2 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word), married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Margaret Techapper

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 16 1877

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
58 7 2

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Mail clerk
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

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

10. NAME OF FATHER Amiel Techapper

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

12. MAIDEN NAME OF MOTHER Julie Knott

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

14. INFORMANT Margaret Techapper
(Address) Joplin

15. FILED 10/20 1929 A. Benson Clark
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 18 1929

17. I HEREBY CERTIFY, That I attended deceased from Oct 18 1929 to Oct 18 1929 that I last saw him alive on Oct 18 1929 and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Apoplexy
825 (duration) 7 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) W (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) A. M. Krichewitz, M. D.

10/19, 1929 (Address) Joplin

*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 W. Lobe DATE OF BURIAL 10/21 1929

20. UNDERTAKER Undersigned by Joplin ADDRESS _____

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.

FILED 10/20 1929

