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

Do not use this space.

19102

File No. .....

Registered No. .....

1. PLACE OF DEATH
County Gasconade
Township Third Creek
City ..... (No. ..... St. ..... Ward)

Registration District No. 991
Primary Registration District No. 5419

2. FULL NAME Fritz Micke

(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): Widowed

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Wilhelmina Kattreitz

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Nov. 5-1844

7. AGE: Years 80 Months 7 Days 19 If LESS than 1 day, ..... hrs. or ..... min.

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

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

PARENTS

10. NAME OF FATHER: Christopher Micke

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

12. MAIDEN NAME OF MOTHER: x

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

14. INFORMANT: W. F. Landwehr
(Address) Owensville, Mo.

15. FILED 6/26 1930 J. E. Price
REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 24, 1930

17. I HEREBY CERTIFY, That I attended deceased from June 21, 1930, to June 24, 1930 that I last saw him alive on June 22, 1930, and that death occurred, on the date stated above, at 6:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Apoplexy
CVA
0 2 1
100
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): High Blood Pressure
(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) M. Ferrell, M. D.
6-24, 1930 (Address) Owensville, 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: St Johns Evan Cem.
DATE OF BURIAL: June 26 1930
ADDRESS: W. F. Gottenbreiter, Owensville, Mo.

Failure to register this certificate in your county, so that it may be properly classified. Exact statement of OCCUPATION is very important.