

SEP 25 1930

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

Do not use this space.

199331

1. PLACE OF DEATH

County Lewis  
Township .....  
City La Grange

Registration District No. 480  
Primary Registration District No. 1289

File No. ....  
Registered No. 15  
St. .... Ward)

2. FULL NAME

Henry Solter

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 1st 1847

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
83 4 12

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer  
(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

10. NAME OF FATHER Fred Solter

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Winnie Bude

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Germany

14.

INFORMANT Henry Solter Jr.  
(Address) La Grange, Mo.

15.

FILED June 15, 1930 W.S. Ellery  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 13th 1930

17. I HEREBY CERTIFY, That I attended deceased from June 7th, 1930, to June 13th, 1930, that I last saw him alive on June 12th, 1930, and that death occurred, on the date stated above, at La Grange, Mo.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Prostate Inflammation  
over 2 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Chronic Bronchitis  
over 5 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED La Grange Mo  
IF NOT AT PLACE OF DEATH, DATE OF

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Physical Examination

(Signed) W.S. Ellery, M. D.

, 19 (Address) La Grange 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

La Grange

DATE OF BURIAL

June 15, 1930

20. UNDERTAKER

A.A. Roberts

ADDRESS

La Grange, 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.

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