

AUG 20 1937

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

Do not use this space.

22056

1. PLACE OF DEATH

County Buchanan Registration District No. 86
Township Buchanaw Primary Registration District No. 5727
City St. Joseph Mo. No. R.F.D. # 7

File No. _____
Registered No. 61
St. _____ Ward _____

2. FULL NAME

(a) Residence No. Julie Prescher St. _____ Ward _____
(Usual place of abode) R.F.D. # 7
Length of residence in city or town where death occurred 58 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Victor Prescher</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>April 23, 1848</u>		
7. AGE	YEARS	MONTHS
	<u>82</u>	<u>2</u>
		DAYS <u>17</u>
	If LESS than 1 day, _____ hrs. or _____ min.	

8. OCCUPATION OF DECEASED

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

(b) General nature of industry, business, or establishment in which employed (or employer) _____

(c) Name of employer _____

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

PARENTS	10. NAME OF FATHER <u>Heinrich Gross</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u> <u>Germany</u>
	12. MAIDEN NAME OF MOTHER <u>Schaulden</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u> <u>Germany</u>

14. INFORMANT Herman Prescher
(Address) Easton, Missouri

15. FILED July 11, 1937
J. J. Zinsbach
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 10, 1930

17. I HEREBY CERTIFY, That I attended deceased from 9 hrs. 30, 1930 to July 9, 1930 that I last saw h. alive on July 5, 1930, and that death occurred, on the date stated above, at 3:00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Hemorrhage
82A
97 (duration) yrs. mos. 2 ds.

CONTRIBUTORY Cerebral Sclerosis
(SECONDARY) (duration) 2 yrs. mos. ds.

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? Clinical
(Signed) J. J. Zinsbach, M. D.
7/10, 1930 (Address) 101 1/2 W. Mo Ave

*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 King Hill DATE OF BURIAL July 12, 1930

20. UNDERTAKER Sheeman Funeral Home ADDRESS 194 1/2 Calhoun

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.

