

AUG 20 1930

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

Do not use this space.

22201

1. PLACE OF DEATH
 County Cape Girardeau Registration District No. 130
 Township Whitely Primary Registration District No. 5781
 City (No. _____) St. _____ Ward _____

2. FULL NAME Charles Louis Huenecke
 (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 39 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wesand of Amanda Huenecke

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 1 - 1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
58 4 29

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

9. BIRTHPLACE (CITY OR TOWN) Cape Girardeau Co.
 (STATE OR COUNTRY)

10. NAME OF FATHER Dimitri Huenecke
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Cape Girardeau Co.
 (STATE OR COUNTRY)
 12. MAIDEN NAME OF MOTHER Minnie Kolloff
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany
 (STATE OR COUNTRY)

14. INFORMANT Writz Huenecke
 (Address) Whitely

15. FILED 7/20/30 J.M. Hapke
 REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 29 1930
 17. I HEREBY CERTIFY, That I attended deceased from May 10, 1930, to July 29, 1930, that I first saw him alive on July 27, 1930, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebrovascular
8245
29
 (duration) yrs 2 mos 19 ds.
 CONTRIBUTORY (SECONDARY) Hard arteries
 (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? Physical Examination
 WHAT TEST CONFIRMED DIAGNOSIS? Physical Examination
 (Signed) J.M. Hapke M. D.
 (Address) Whitely 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 Chapin Cemetery DATE OF BURIAL July 31 1930

20. UNDERTAKER W. H. Hapke ADDRESS Whitely

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.

THIS IS A PERMANENT RECORD

