DEC 23 1930

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

Do not use this space.

~~35043~~

1. PLACE OF DEATH
County Shelby — Registration District No. 833 — File No. 35102
Township Taylor — Primary Registration District No. 6096 — Registered No.
City ..... (No. ..... St. ..... Ward)

2. FULL NAME John G. Detwiler
(a) Residence. No. ..... St., ... Ward. ..... (If nonresident give city or town and State)
(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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Magdalena Detwiler

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Mar. 24, 1842

7. AGE: Years 88 — Months 6 — Days 19 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Retired Wagonmaker
(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): Bucks Co. Penn

PARENTS
10. NAME OF FATHER: John Detwiler
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Germany
12. MAIDEN NAME OF MOTHER: Anna Godstrall
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Germany

14. INFORMANT: Benjamine Detwiler
(Address): Birch Hill

15. FILED Oct 15, 1930. E. N. Gerard, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Oct-13 1930

17. I HEREBY CERTIFY, That I attended deceased from [redacted] 10, 1930, to Oct 13, 1930 that I last saw him alive on Oct 13, 1930, and that death occurred, on the date stated above, at 10.45 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Influenzia
11B
12 OB (duration) ..... yrs. ..... mos. 4 ds.
CONTRIBUTORY (SECONDARY): acute enteritis
..... (duration) ..... yrs. ..... mos. 4 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? at place death
DID AN OPERATION PRECEDE DEATH? no DATE OF .....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Symptom of Influenza Enteritis
(Signed) S. L. Simpson as to death
, 19 (Address) Bethel 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: Mennonite Cemetery — DATE OF BURIAL: Oct-15-1930.

20. UNDERTAKER: J. W. Thompson Son. — ADDRESS: Shelbyville, Mo.