

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

Do not use this space.

38347

1. PLACE OF DEATH

County St. Louis Registration District No. 882
 Township Shannon Grove Primary Registration District No. 617A
 City New Market City, Mo. St. _____ Ward _____

2. FULL NAME Henry F. Netlage

(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. (If nonresident, give city or town and State)

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 widowed

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 8, 1852

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
78. 3. 28

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) Germany
 (STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Fred Netlage

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

12. MAIDEN NAME OF MOTHER M. Palkmann

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

14. INFORMANT Henry F. Netlage, Jr
 (Address) Wright City, Mo.

15. FILED 11/8/30 Bathelmeier M.D.
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 6th 1930

I HEREBY CERTIFY That I attended deceased from July 27th 1929 to Nov 6th 1930 that I last saw him alive on Nov 5th 1930 and that death occurred, on the date stated above, at 8⁴⁵ A.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Prostatitis and Urosepsis

137 (duration) _____ yrs. _____ mos. _____ ds.
136 D CONTRIBUTORY (SECONDARY) 135 (duration) _____ 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?
 (Signed) W. J. O'Connell M. D.
Nov 6th 1930 (Address) Wright City Mo

*State the DISEASE CAUSING DEATH, or in death from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Wright City Cemetery DATE OF BURIAL Nov 9th 1930

20. UNDERTAKER E. G. Nicholas ADDRESS Wright City Mo

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.

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