WHITE 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.

50
5
4

MAR 25 1931

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

Do not use this space.

1825

1. PLACE OF DEATH
County J. Herson — Registration District No. 421 — File No.
Township Joachim — Primary Registration District No. 4249 — Registered No. ~~119~~ 7.
City Festus, Mo. (No. ..... St. ..... Ward)

2. FULL NAME A J Menckel
(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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 17-1860

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	70	7	29	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) 231
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Beards Town
(STATE OR COUNTRY) Ill 2

PARENTS
10. NAME OF FATHER John Menckel
11. BIRTHPLACE OF FATHER (CITY OR TOWN) 10
(STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Rebecka Crosts
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Potosi
(STATE OR COUNTRY) Mo 1

14. INFORMANT Mrs A J Menckel
(Address) Festus, Mo.

15. FILED 1/16, 1931 J. E. Rutledge REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1/15 1931

17. I HEREBY CERTIFY, That I attended deceased from Oct., 1930 to Jan. 15, 1931, that I last saw him alive on Jan. 15, 1931, and that death occurred, on the date stated above, at 11 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Valvular Heart Disease - Mitral insufficiency - 92 A
(duration) 6 or 7 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Edema - general
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
8 DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) J. E. Rutledge, M. D.
1/16, 1931 (Address) Festus, 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	DATE OF BURIAL
Christian Cemetery	1/18 1931
20. UNDERTAKER	ADDRESS
Fink Und Co	Festus, Mo