MAR 24 1931

Dr. Clark

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

Do not use this space.

4945

1. PLACE OF DEATH

County Cole — Registration District No. 213 — File No.

Township — Primary Registration District No. 3114 — Registered No. 38

City Jefferson (No. , St. Ward)

2. FULL NAME Henry Frederick Korsmeyer

(a) Residence, No. 112 W Atchison St., 4 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 4 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 Christine Korsmeyer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept-22-1858

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	72	4	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 1

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1927

11. Total time (years) spent in this occupation 68

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 10

FATHER

13. NAME Claymore A. Korsmeyer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER

15. MAIDEN NAME Marie E. Barlage

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Mrs. J.C. Schmidt Jefferson City, Missouri

18. BURIAL, CREMATION, OR REMOVAL

PLACE River View Cem DATE 2/9 1931

19. UNDERTAKER (ADDRESS) Wymore-Gordon Jefferslon City, Mo

20. FILED 3-9-1931 W. Bedford Registrar.

MEDICAL CERTIFICATE OF DEATH

1

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 6, 1931

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1931, to Feb 6, 1931

I last saw him alive on Jan 6, 1931 Death is said to have occurred on the date stated above, at 11 a.m.

The principal cause of death and related causes of importance were as follows:

Causes of Lions. 46E 46E

Date of onset Aug 1930

Other contributory causes of importance:

0

Name of operation none Date of

What test confirmed diagnosis? Cured Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) W A Clark, M. D.

(Address) Jefferson 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.