

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

Do not use this space.

38077
46

1. PLACE OF DEATH

County Jefferson
Towship Rock
City (No.)

Registration District No. 423
Primary Registration District No. 5578

File No.
Registered No.
St. Ward)

2. FULL NAME

(a) Residence No. John J. Overbeck St. Ward.
(Usual place of abode) Kennett Mo #1

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) Widow

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Christina Overbeck

7. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 7 - 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 2 3

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Jefferson Co Mo
(STATE OR COUNTRY)

10. NAME OF FATHER Henry Overbeck

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

12. MAIDEN NAME OF MOTHER Katharina Fockbeck

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

14. INFORMANT John C Overbeck
(Address) Kennett Mo #1

15. FILED Nov 12, 1931 H M Ebel REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 10 1931

17. I HEREBY CERTIFY, That I attended deceased from 11 1931, to Nov 10, 1931, that I last saw him alive on Nov 9 - 1931, and that death occurred, on the date stated above, at 6:50 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

131
infectious hepatitis
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

131
(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? No

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) Samuel H. Ebel M. D.

, 19 (Address) Jefferson Co 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 St Johns Cemetery, Beck Mo DATE OF BURIAL Nov 14 1931

20. UNDERTAKER John G. Koch ADDRESS Fenton Mo

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.

WHITE COPY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

DEC 28 1931

75
J. J. J.