

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.

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

39996

File No.
Registered No. 28
St. Ward)

1. PLACE OF DEATH

County North
Township Shuck
City Frederick (No.)

Registration District No. 903
Primary Registration District No. 6211

2. FULL NAME

(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED, (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 17-1848

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
83 9 2

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Burne
(STATE OR COUNTRY) Switzerland

10. NAME OF FATHER Dont Mon

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

12. MAIDEN NAME OF MOTHER Dont Mon

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

14. INFORMANT George DeKorson
(Address) Albion Mo

15. FILED 11-20-31 John Andrews REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 19 1931

17. I HEREBY CERTIFY, That I attended deceased from Nov 19, 1931, to Nov 19, 1931, that I last saw him alive on Nov 17, 1931, and that death occurred, on the date stated above, at 10:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Coronary Embolism
94B
CONTRIBUTORY (SECONDARY) Arterial Sclerosis
Sanctuary (duration) yrs. mos. ds.

18. WHERE WAS DISSEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed) John Andrews, M. D.

(Address) Frederick City

*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

Frederick Chapel

20. UNDERTAKER

Andrews

DATE OF BURIAL

11-21 1931

ADDRESS

Sanctuary

