

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

Do not use this space.

12002

80

1. PLACE OF DEATH

County Cass Registration District No. 213

Township Jefferson Primary Registration District No. 3213

City Frank, Neitzler (No. _____) St. _____ Ward _____

File No. _____

Registered No. _____

St. _____ Ward _____

2. FULL NAME

(a) Residence. No. Highway 54 St. _____ Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 15 - 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
71 5 23

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) dry
(c) Name of employer _____

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

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) do
(STATE OR COUNTRY) 31

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Dr. Louis Neitzler
(Address) Jefferson City

15. FILED 4/13/32 1932 H. H. Beauford REGISTRAR

(2) MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 8 1932

17. HEREBY CERTIFY, That I attended deceased from Mar 25, 1932 to Apr 8, 1932 that I last saw h. alive on Apr 5 and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of Stomach

CONTRIBUTORY (SECONDARY) None except Alcohol
4th B (duration) 30 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED do & know
IF NOT AT PLACE OF DEATH. do & know

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? X-ray of Abdomen
(Signed) Jas P. Hill, M. D.
, 19 _____ (Address) Jefferson City 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 B + Peters DATE OF BURIAL Apr 12 1932

20. UNDERTAKER Harrison-Tanner ADDRESS Jefferson City 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.

MAY 23 1932

