

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

Do not use this space.

23106

1. PLACE OF DEATH

48 County Jackson
Township Washington
City Washington (No. _____)

Registration District No. 454
Primary Registration District No. 1398

File No. _____
Registered No. 46 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 2 mos. _____ ds. How long in U. S., if of foreign birth? 20 yrs. mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <input checked="" type="checkbox"/>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 6, 1870</u>		
7. AGE YEARS <u>61</u>	MONTHS <u>9</u>	DAYS <u>6</u>
If LESS than 1 day, _____ hrs. or _____ min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Mechanic 63</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Shoe Shop</u>
	10. Date deceased last worked at this occupation (month and year) <u>Nov. 1931</u>
	11. Total time (years) spent in this occupation. <u>Life</u>

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

13. NAME Johannes Cleese

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

15. MAIDEN NAME Berardine Preercks

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

17. INFORMANT Mrs. Goodspeed Schmidt
(ADDRESS) Grandview Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE St. W. Newman's Sons DATE July 13 1932

19. UNDERTAKER W. K. Gump & Sons
(ADDRESS) Grandview Mo

20. FILED 7-14-32 D. F. Prosser
Registrar

1 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 12 1932

22. I HEREBY CERTIFY That I attended deceased from May 1 1932 to July 12 1932

I last saw him alive on July 8 1932. Death is said to have occurred on the date stated above, at 2 a. m.

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

Carcinoma
Right side of neck
S.S.F. 1 138

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? clinical 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) Jos. T. Brunner, M. D.

(Address) Grandview 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.

JUL 23 1932

Sent on by av

