

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

Do not use this space.

25202

1. PLACE OF DEATH

109 County Franklin Registration District No. 882
Township Hickory Grove Primary Registration District No. 6174
City (No. _____) St. _____ Ward _____

File No. _____
Registered No. 14

2. FULL NAME

Fritz Niemann
(a) Residence, No. Wright City MO 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF widowed 2-18-49

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 25th 1849

7. AGE YEARS 82 MONTHS 8 DAYS 25 If LESS than 1 day, _____ hrs. or _____ min.

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

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

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

13. NAME Frank Niemann

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

15. MAIDEN NAME don't know

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

17. INFORMANT August Niemann (ADDRESS) Wright City MO

18. BURIAL, CREMATION, OR REMOVAL PLACE Wright City Cemetery DATE July 23rd 1932

19. UNDERTAKER Wright City (ADDRESS) Wright City MO

20. FILED 7/23 1932 W.A. Clarenbach Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 20th 1932

22. I HEREBY CERTIFY That I attended deceased from Jan 1st 1932 to July 20th 1932
I last saw him alive on July 20th 1932 Death is said to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance were as follows:
Chronic Interstitial Nephritis Date of onset 1930

Other contributory causes of importance: (D)

Name of operation _____ Date of _____
What test confirmed diagnosis urinary findings 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. Clarenbach M. D.
(Address) Wright City MO

