

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

Do not use this space.

33193

1. PLACE OF DEATH
 94 County St. Francois Registration District No. 773
 Township St. Francois Primary Registration District No. 6018A
 Near Farmington, Mo. (No. State Hospital No. 4 St. _____ Ward _____)

File No. _____
 Registered No. 106

2. FULL NAME Wm. Oermann
 (a) Residence, No. Oermann, Mo. St. _____ Ward _____
 (Usual place of abode)
 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) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
About 32

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming
 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) Oermann (STATE OR COUNTRY) Mo.

FATHER
 13. NAME Conrad Oermann

14. BIRTHPLACE (CITY OR TOWN) Oermann, (STATE OR COUNTRY) Mo.

MOTHER
 15. MAIDEN NAME Mary Bromloh

16. BIRTHPLACE (CITY OR TOWN) Dittmer (STATE OR COUNTRY) Mo.

17. INFORMANT Hospital Records (ADDRESS) Farmington, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Dittmer Mo DATE 5-29-32

19. UNDERTAKER J. H. Brunner (ADDRESS) Farmington Mo

20. FILED 29 27, 1932 J. H. Brunner Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-25, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 14, 1931, to Sept. 25, 1932
 I last saw him alive on 9-25, 1932 Death is said

to have occurred on the date stated above, at 10:45 p. m.
 The principal cause of death and related causes of importance were as follows:

Pulmonary tuber- culosis Date of onset ?

Other contributory causes of importance: 23A

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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? _____

If so, specify _____

(Signed) Fred Long M. D.

(Address) Farmington Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

