

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

Do not use this space.

39187

1. PLACE OF DEATH

County Gasconade Registration District No. 305
Township _____ Primary Registration District No. 5422
City Canaan (No. _____) St. _____ Ward _____

File No. _____
Registered No. 350

2. FULL NAME Henry Doetting

(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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Lena Doetting</u> <u>Husband of</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 26 = 1868</u>		
7. AGE	YEARS <u>64</u>	MONTHS <u>4</u>
	DAYS <u>23</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>Farming</u>	
	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) <u>Owensville, Mo</u> (STATE OR COUNTRY) <u>R.F.D. # 1</u>		
FATHER	13. NAME <u>William Doetting</u>	
	14. BIRTHPLACE (CITY OR TOWN) <u>Germany</u> (STATE OR COUNTRY) <u>1860</u>	
MOTHER	15. MAIDEN NAME <u>Minnie Doemmel</u>	
	16. BIRTHPLACE (CITY OR TOWN) <u>Germany</u> (STATE OR COUNTRY)	
17. INFORMANT <u>Fred J. Doetting</u> (ADDRESS) <u>Owensville Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>St James cemetery Owensville Mo</u> DATE <u>13 = 22 = 1932</u> PLACE <u>R.F.D. # 1</u>		
19. UNDERTAKER <u>W.F. Gettenrater</u> (ADDRESS) <u>Owensville Mo</u>		
20. FILED <u>Dr. J. L. 19 32</u> <u>J. J. Ferrell</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

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21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-19-32

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1932, to Dec 19, 1932

I last saw him alive on Dec 17, 1932 Death is said to have occurred on the date stated above, at 1:15 p.m.

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

Carcinoma of stomach Date of onset 6 Mo

Prunon

465

1120

46B

Other contributory causes of importance: Hemorrhage and occlusion of pylorus Dec 3-1932

Name of operation none Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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) Joseph W Mills, M. D.
(Address) Owensville 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.

JAN 23 1933

