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.

AN 27 1933

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

Do not use this space.

40393

1. PLACE OF DEATH
54 County Lafayette — Registration District No. 460 — File No.
5 Township ~~Davis~~ — Primary Registration District No. 4274 — Registered No. 85
4 City Higginsville (No. ..... , ... St. ..... Ward)

2. FULL NAME Henry Mollenkamp

(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(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.

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: Flossie Mollenkamp

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct 27 1876

7. AGE: YEARS 56 — MONTHS 1 — DAYS 24 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Blacksmith
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 24
10. Date deceased last worked at this occupation (month and year): up to death
11. Total time (years) spent in this occupation: 40 yr

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Holland Ind. 2

FATHER
13. NAME: E. J. Mollenkamp
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany 10

MOTHER
15. MAIDEN NAME: Caroline Groenamann
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Femme Osage Mo. 1

17. INFORMANT (ADDRESS): Aug. Mollenkamp, Higginsville Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Evangelical Cem DATE: Dec 23, 1932

19. UNDERTAKER (ADDRESS): Hoffer & Meinershagen, Higginsville Mo.

20. FILED 12/22/1932 Dr W. A. Braecklein, Registrar. M.H.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec. 21, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jany 28, 1928, to Dec 21, 1932
I last saw him alive on Dec. 20, 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 Valvular Disease (Sudden death) — Date of onset 1928

97 A

92 A

Other contributory causes of importance:

1

Name of operation: No — Date of
What test confirmed diagnosis? Physical Indicators — 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. E. Koppenbrink, M. D.
(Address) Higginsville, Mo.