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.

897

1. PLACE OF DEATH

36

County FRANKLIN — Registration District No. 292 — File No.

Township BOEUF — Primary Registration District No. 5410 — Registered No.

City BERGER (No. , St. Ward)

2. FULL NAME HENRY AUGUST JAFFKE

(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 66 yrs. — mos. — ds. How long in U. S., if of foreign birth? 66 yrs. 0 mos. 0 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 ANNA JAFFKE

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 7 - 1841

7. AGE — YEARS: 91 — MONTHS: 3 — DAYS: 14 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. RETIRED
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. DAY LABORER
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

FATHER

13. NAME CARL JAFFKE
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY

MOTHER

15. MAIDEN NAME UNKNOWN
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY

17. INFORMANT (ADDRESS) MRS ANNA JAFFKE BERGER MO

18. BURIAL, CREMATION, OR REMOVAL
PLACE Evang St John DATE JAN 27 1933

19. UNDERTAKER (ADDRESS) HERMAN BLUMER BERGER, MO

20. FILED 1-25, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH 3 40

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JAN 25, 1933

22. I HEREBY CERTIFY That I attended deceased from Jan 21 —, 1933, to Jan. 25, 1933
I last saw him alive on Jan. 25, 1933, Death is said to have occurred on the date stated above, at 3.40 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Appoplexia	1-21-1933
[illegible]	
[illegible]	

Other contributory causes of importance: Senility

Name of operation None — Date of
What test confirmed diagnosis? None — 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. T. Daughtrey, M. D.
(Address) Berger, Mo.