

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.

3 1933

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

Do not use this space.

2651

1. PLACE OF DEATH

80 County Pettis Registration District No. 668
 4 Township Primary Registration District No. 3032
 8 City Sedalia (No. Bothwell Hosp.)

File No.
 Registered No. 14 St. Ward)

2. FULL NAME

(a) Residence, No. Lincoln St #3 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) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Francis Putjen
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 17 - 1897
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
35 1 24
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer
 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) Missouri

MOTHER 13. NAME C. H. Putjen

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

MOTHER 15. MAIDEN NAME Louise Reinert

FATHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Mrs. F. M. Putjen Lincoln St #3

18. BURIAL, CREMATION, OR REMOVAL PLACE McClain DATE 1-13 1933

19. UNDERTAKER (ADDRESS) McLaughlin Bros. Sedalia Mo

20. FILED 1-13 1933 J. L. Love Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 12 - 1933

I HEREBY CERTIFY that I attended deceased from Jan 11, 1933, to Jan 12, 1933.
 Last saw him alive on Jan 11, 1933. Death is said to have occurred on the date stated above, at 1:30 a.m.
 The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia Date of onset 1/11/33
107A
112 107A
 Other contributory causes of importance:
Bronchial Asthma

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) Ed. S. Sweeney M. D.
 (Address) Sedalia Mo

