

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.

Died 1.30 2/7-

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

Do not use this space.

5325

1. PLACE OF DEATH

County Franklin Registration District No. 297
Township St. Johns Primary Registration District No. 2414
City Near Krakow (No. _____) St. _____ Ward _____

File No. _____
Registered No. 12

2. FULL NAME Joseph Malvern Volmer

(a) Residence, No. _____ 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 Single		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 6th-1919		
7. AGE	YEARS 14	MONTHS 1
	DAYS 1	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School boy	59
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 7, 1933
22. I, HEREBY CERTIFY, That I attended deceased from Feb. 6, 1933, to Feb. 6, 1933
I last saw him alive on Feb. 6, 1933 Death is said to have occurred on the date stated above, at 4:20 a.m.
The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia
(Bilateral)
59
Other contributory causes of importance:
Diabetes Mellitus
Date of onset _____

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Franklin Mo
	13. NAME Frank Henry Volmer
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Franklin Mo
	15. MAIDEN NAME Anna Schlueter
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Franklin County Mo
	17. INFORMANT Anna Schlueter Volmer (ADDRESS)
	18. BURIAL, CREMATION, OR REMOVAL PLACE Franklin Mo DATE Feb 9th 19 <u>33</u>
	19. UNDERTAKER Otto & Co (ADDRESS)
	20. FILED <u>Feb 8</u> , 19 <u>33</u> <u>W. L. Mumford</u> Registrar.

Name of operation _____ Date of _____
What test confirmed diagnosis? Urinary Was there an autopsy Yes!

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) Val J. Mastroy, M. D.
(Address) Washington, Mo.

