

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.

APR 22 1933

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

Do not use this space.

6264

**1. PLACE OF DEATH**

52 County Franklin Registration District No. 439  
Township Greentown Primary Registration District No. 5596  
City Baring (No. ....) St. .... Ward .....

File No. ....  
Registered No. 209  
St. .... Ward .....

**2. FULL NAME**

Henry Palhaus  
(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 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 Alice Malone  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 1 - 1869  
7. AGE YEARS 73 MONTHS 8 DAYS 15 If LESS than 1 day, .... hrs. or .... min.  
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. ....  
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

13. NAME Henry Palhaus

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

15. MAIDEN NAME Elisabeth Gustafson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT H. Palhaus (ADDRESS) Canellton Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Baring Mo DATE Feb 18 1933

19. UNDERTAKER Rehaghauser Brod (ADDRESS) Edina Mo

20. FILED Apr 10 1933 Edward, Early Registrar.

**MEDICAL CERTIFICATE OF DEATH**

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 15 1933

I HEREBY CERTIFY, That I attended deceased from Feb 9 1933, to Feb 15 1933

I last saw him alive on Feb 15 1933. Death is said to have occurred on the date stated above, at 11:50 am.

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

Hypostatic Pneumonia  
Chronic Bronchitis & lung disease  
23A  
1118  
Other contributory causes of importance:

Date of onset

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? no

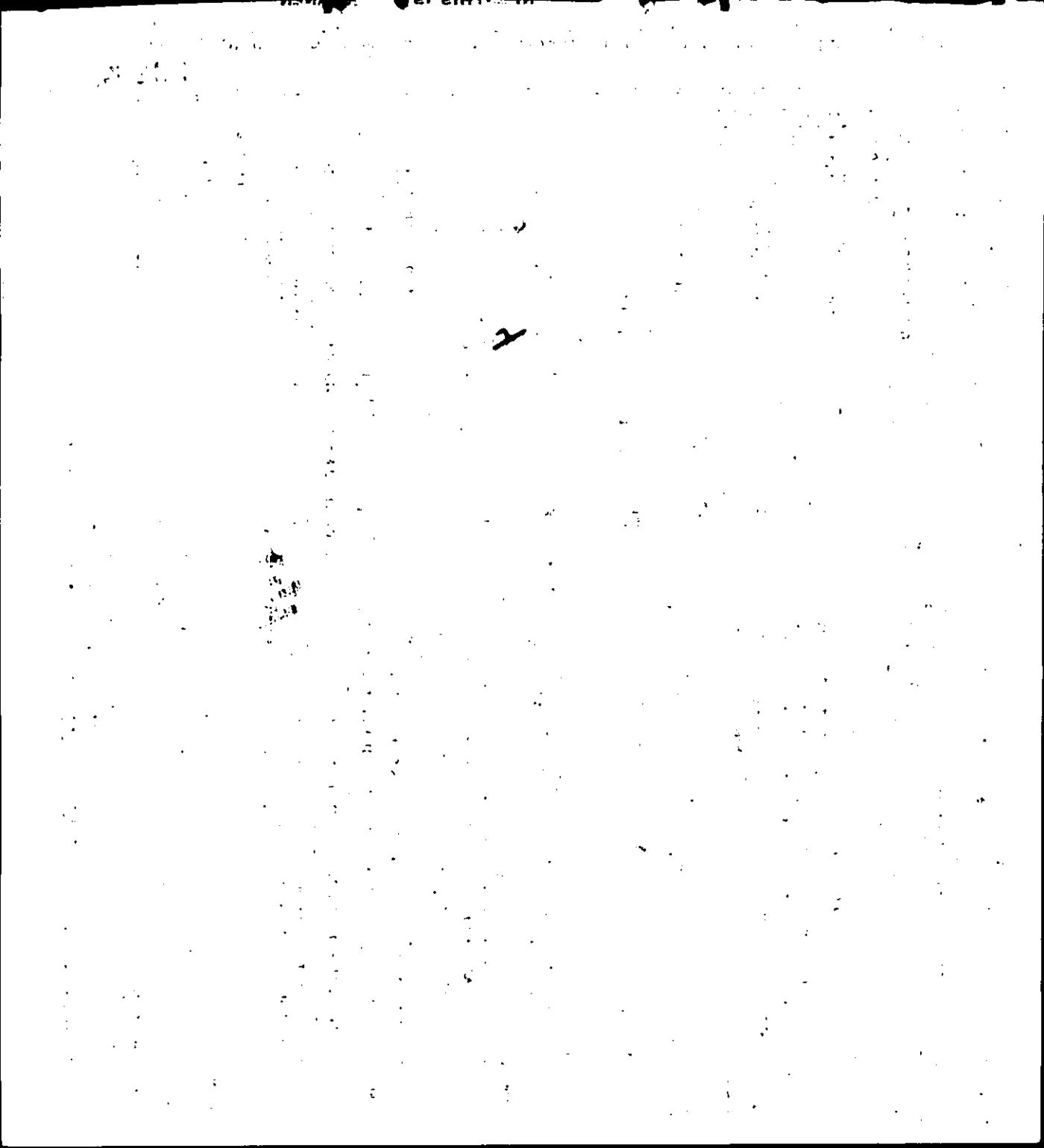
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? ..... Date of injury ..... 19.....

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? no  
If so, specify .....

(Signed) E. M. Whitacre D.O., M.D.  
(Address) Baring, Mo.



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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Madison Registration District No. 431 File No. \_\_\_\_\_  
Township Greensburg Primary Registration District No. 5596 Registered No. 209  
City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Nancy Dalhart  
(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>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>M</u> (Write the word)		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 1-1859</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>73</u>	<u>4</u>	<u>15</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.			
	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)				
MOTHER	13. NAME			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)			
FATHER	15. MAIDEN NAME			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)			
17. INFORMANT (ADDRESS)				
18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19__				
19. UNDERTAKER (ADDRESS)				
20. FILED <u>Apr 10 1938</u> <u>Edward Early</u> Registrar				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 15 1938

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, to \_\_\_\_\_, 19\_\_.

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

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

Acute Pulmonary Tuberculosis  
Chronic Bronchitis  
Heart Disease  
Pulmonary Tuberculosis

Date of onset \_\_\_\_\_

Other contributory causes of importance: None

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Physical Examination 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) E. M. Whitener, D.O. M. D.  
(Address) Beaumont, Mo.

SUPPLEMENTARY

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