

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

Do not use this space.

6490

1. PLACE OF DEATH

County *Marion*
Township *Marion*
City *Hannibal* (No. *1010 Rear Fullerton*)

Registration District No. *547*
Primary Registration District No. *3029*

File No. _____
Registered No. *72* St. _____ Ward _____

2. FULL NAME *Henry Vedenhaupt*

(a) Residence, No. *1010 Rear Fullerton* St. *4* 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) *Married*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Echel Vedenhaupt*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Jan. 1st 1890*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
43 1 20

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Labourer*

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) *Sedalia Mo.*

13. NAME *William Vedenhaupt*

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

15. MAIDEN NAME *Catherine Shane*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Lova Iowa*

17. INFORMANT (ADDRESS) *Mrs. Echel Vedenhaupt 1010 Rear Fullerton Ave. Hannibal Mo.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Hope Cemetery* DATE *2/22/33*

19. UNDERTAKER (ADDRESS) *James O'Donnell Hannibal Mo.*

20. FILED *24 33 6 Colousius Registrar.*

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from *July 15 1933* to *Feb 20 1933*
I last saw him alive on *Feb 20 1933* Death is said to have occurred on the date stated above, at *5:30 p.m.*

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

*Diabetes mellitus
Pulmonary*
231

Other contributory causes of importance:

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

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

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) *J. H. Roubly* M. D.
(Address) *Hannibal Mo.*

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.

1933
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