

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

Do not use this space.

6501

1. PLACE OF DEATH

County Warion
Township Liberty
City Palmyra (No. _____, _____ St. _____ Ward)

Registration District No. 548.
Primary Registration District No. 4323.

File No. _____
Registered No. 11

2. FULL NAME

John G. Honekamp

(a) Residence, No. Palmyra, Mo. St. _____ Ward. _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 29 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
SPOUSE OF Anna Starkel Honekamp
WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 21, 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 1 21

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) Quincy, Ill.

13. NAME William Honekamp

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

15. MAIDEN NAME No record

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

17. INFORMANT (ADDRESS) Mrs. Anna Honekamp
Palmyra, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Palmyra, Mo.
Catholic Cemetery DATE 2/15/33

19. UNDERTAKER (ADDRESS) Lewis Broad
Palmyra, Mo.

20. FILED Feb 14 1933 Nina S. Tucker
Registrar.

MOTHER FATHER OCCUPATION

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 12/1933

22. I HEREBY CERTIFY, That I attended from _____ from _____

Dec 20, 1932, to Feb 12, 1933.

I last saw him alive on Feb 12, 1933. Death is said

to have occurred on the date stated above, at 4:30 p.m.

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

Cerebral Hemorrhage.

67 H
152

Other contributory causes of importance:

Age 73

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 _____, 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) H. H. Melde, M. D.

(Address) Palmyra



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