

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

Do not use this space.

7014

1. PLACE OF DEATH
 County St. Francois Registration District No. 773
 Township St. Francois Primary Registration District No. 6018A
 Near City Farmington, Mo. (No. State Hospital No. 4)
 File No. _____ Registered No. 24
 St. _____ Ward _____

2. FULL NAME Joseph Lorens
 (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 _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 5, 1894
 7. AGE YEARS MONTHS DAYS IF LESS THAN 1 day, hrs. or min.
39 98 11 17 15
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
 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) Altenburg, Mo.
 13. NAME Christian Lorenz
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Altenburg, Mo.
 15. MAIDEN NAME Ida Schlimpert
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Altenburg, Mo.

17. INFORMANT Hopital Records (ADDRESS) Farmington, Mo.
 18. BURIAL, CREMATION, OR REMOVAL
 Place Alphons's Rest DATE 2-22 1933
 19. UNDERTAKER Beiderwieseler Funeral Home (ADDRESS) _____
 20. FILED Feb 20, 1933 D. J. Robinson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 20, 1933
 22. I HEREBY CERTIFY, That I attended deceased from July 14, 1931, to Feb 20, 1933
 I last saw him/alive on 2-20, 1933 Death is said to have occurred on the date stated above, at 3:50 p. m.
 The principal cause of death and related causes of importance were as follows:
Bilateral Lobes pneumonia
100
108
 Other contributory causes of importance:
Acute Cardiac failure

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) Field Long, M. D.
 (Address) Farmington

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.

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