

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.

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

Do not use this space.

8179

1. PLACE OF DEATH
101 County Shannon Registration District No. 822
Township Birch Tree Primary Registration District No. 6071
City Shannon (No.) St. Ward

2. FULL NAME Julius Apitz
(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 M 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 Clara Apitz

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 8 1849

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
83 11 24

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 13

10. Date deceased last worked at this occupation (month and year) Feb 1932 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Berlin Germany

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) J. H. Alltop Birch Tree Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Mennonite Cemetery 2/3 1932

19. UNDERTAKER (ADDRESS) D. B. Shelly Birch Tree Mo

20. FILED 19 R. D. Davis Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 2 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1933 to Feb 2 1933
I last saw him alive on Jan 25 1933 Death is said to have occurred on the date stated above, at 7:20 a. m.
The principal cause of death and related causes of importance were as follows:
Myocarditis
930
113
9310
Other contributory causes of importance:
Influenza
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) R. D. Davis, M. D.
(Address) Birch Tree Mo

