

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.

MAY 22 1933

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

Do not use this space.

12912

1. PLACE OF DEATH
County Gasconade Registration District No. 303
Township 1 Primary Registration District No. 4182
City Herman (No. _____ St. _____ Ward _____)

2. FULL NAME John Herman Doll
(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 Caroline Doll
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 17-1887
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
45 7 2

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoemaker
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) Apr. 15-1933 11. Total time (years) spent in this occupation 10 years

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Blendsburg Mo.

13. NAME Phillip Doll

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Blendsburg Mo.

15. MAIDEN NAME Christine Dietrich

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Merced Pa.

17. INFORMANT Lynman Doll
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE Herman DATE 4/22/33

19. UNDERTAKER H. K. Ruediger
(ADDRESS)

20. FILED 4-21-1933 Anna Riskland
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 19 1933

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 10⁰⁰ a.m.

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

Suicide by Shot Gun
Wound of the Heart
A Coroner's Inquest was held.

Other contributory causes of importance:

161 167

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? Suicide Date of injury April 19, 33

Where did injury occur? Herman
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
In home

Manner of injury Shot gun

Nature of injury Shot gun wound of the heart

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) John H. Baehre, Coroner
(Address) Herman Mo

