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

Do not use this space.

13886-7

File No. 45

Registered No. 5

1. PLACE OF DEATH

63 County Moniteau

Township Jefferson

City ( ) (No. , St. Ward)

Registration District No. 442

Primary Registration District No. 4731

2. FULL NAME Henry Joseph Volmert

(a) Residence, No. Vienna 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.

NOV 10 1933

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 24 1849

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	83	6	4	

OCCUPATION

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 Life

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

FATHER

13. NAME Herman W. Volmert

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

MOTHER

15. MAIDEN NAME Gertrude Ost

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

17. INFORMANT (ADDRESS) Herman Volmert Vienna Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Vienna Mo DATE 4/28/ 1933

19. UNDERTAKER (ADDRESS) Heinrichs Memorial Home Jefferson City Mo

20. FILED Oct 26 1933 Lorenzo Weeks Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/28/33. 19

22. I HEREBY CERTIFY, That I attended deceased from April 18, 1933 to April 25, 1933

I last saw h[illegible] alive on April 25, 1933. Death is said to have occurred on the date stated above, at 10 m.

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

	Date of onset
Trauma	

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? no

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) O. H. Jones, M. D.

(Address) Vienna Mo