WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

JUN 22 1933

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

Do not use this space.

1. PLACE OF DEATH

County Franklin — Registration District No. 294 — File No. 16190

Township Central — Primary Registration District No. V-409-B — Registered No. 16

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Oscar H Birkmann

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 24, 1895

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	37	8	7	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farm Labor

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Gerald
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER August Birkmann

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Shotwell
(STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Annie Gerling

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Casco
(STATE OR COUNTRY) Missouri

14. INFORMANT Louis J. Birkmann
(Address) Union, Mo.

15. FILED 7/10, 1933 W. E. Mitchell
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 1 1933

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19....., that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at 2.44 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Killed by lightning

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 192

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? ✓

DID AN OPERATION PRECEDE DEATH? No. DATE OF ✓

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) E. L. Worthington Coroner

, 19 (Address)

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Immaculate Conception Church Cemetary Union, Mo.

DATE OF BURIAL: May 4 1933

20. UNDERTAKER: Union Furniture Co. By Wm H Horn

ADDRESS: Union, Mo.