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

Do not use this space.

16402

File No. .....
Registered No. 24

1. PLACE OF DEATH
County Iron
Township Arcadia
City ~~Bonton~~ (No. ....., ... St. ..... Ward)
Registration District No. 391
Primary Registration District No. 5546a

2. FULL NAME Fred Wamhof
(a) Residence, No. Baptist Home St., ... Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 2 yrs. 5 mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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

JUN 22 1933

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
M.	W	Wid owed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 16 1846

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
18 6/12	11	25	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....
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) Amsterdam Holland

FATHER
13. NAME — Wamhof
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Catherine —
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Holland

17. INFORMANT Martha M. De Moss
(ADDRESS)
18. BURIAL, CREMATION, OR REMOVAL
PLACE Baptist Home DATE May 22 1933
19. UNDERTAKER S. C. Bond
(ADDRESS) Bonton Mo.
20. FILED May 26 1933 R. A. Roache
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from April 2 1933 to May 21 1933
I last saw him alive on May 21 1933 Death is said to have occurred on the date stated above, at 10:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Brights Disease	
1333	
132	

Other contributory causes of importance:
Dropsy

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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) C. F. Barnhouse, M. D.
(Address) Bonton Mo