

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

Do not use this space.

22/79 ⁴⁷

1. PLACE OF DEATH

113 County Wash
2 Town Wentzville
2 City Frank City Mo (No.)

Registration District No. 903

Primary Registration District No. 4545

File No. 30

Registered No. 30

St. Ward.

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. 4 mos. ds.

St. Ward.

Ward.

(If nonresident, give city or town and State)

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 Florence A Messman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 15 1865

7. AGE: YEARS 68 MONTHS 5 DAYS 11 If LESS than 1 day, ... hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer
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) Fairfax Mo.

FATHER 13. NAME John G F Messman

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT Mrs Florence Messman (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Sheldon Mo DATE June 24 19 33

19. UNDERTAKER Andrews (ADDRESS) Frank City Mo

20. FILED June 24 19 33 J. Andrews Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 23 19 33

22. I HEREBY CERTIFY That I attended deceased from June 22 19 33 to June 23 19 33

last saw him alive on June 23 19 33 Death is said to have occurred on the date stated above, at 330 p. m.

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

Cerebral hemorrhage Date of onset 6/23/33
32A

Other contributory causes of importance: None

Name of operation Chemical 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) John Andrews M. D.

(Address) Frank City Mo

