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.

AUG 22 193

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

Do not use this space.

1. PLACE OF DEATH
County Cape Girardeau — Registration District No. 125 — File No. 22515
Township Cape — Primary Registration District No. 3009 — Registered No. 159
City Cape Girardeau Mo. (No. St Francis Hospital St. ..... Ward)

2. FULL NAME Fred Dannbauch
(a) Residence, No. St Francis Hospital Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March - 1905
7. AGE YEARS 28 MONTHS 3 DAYS 27 If LESS than 1 day, ... hrs. or ..... min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Old Appleton Mo

FATHER
13. NAME Fred Dannbauch Sr
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Old Appleton Mo

MOTHER
15. MAIDEN NAME Rose Best
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bollinger Co.

17. INFORMANT (ADDRESS) Fred Dannbauch Oak Ridge Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Sulk Cemetery Uniontown Mo DATE July 5 1933
19. UNDERTAKER (ADDRESS) McCombs Firm & Und Co Jackson Mo.
20. FILED 7-4 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July - 3 1933
22. I HEREBY CERTIFY, That I attended deceased from July 3 1933 to July 3 1933
I last saw him alive on July 3 1933 Death is said to have occurred on the date stated above, at 6 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Heat exhaustion	
191	
191	
Other contributory causes of importance	305

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? ..... 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) H. V. Ashley, M. D.
(Address) Cape Girardeau Mo