

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

Do not use this space.

22816

1. PLACE OF DEATH
 30 County Franklin Registration District No. 300
 Township Lyon Primary Registration District No. 5417
 City _____ St. _____ Ward) _____
 2. FULL NAME Henry F. Fechtler
 (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

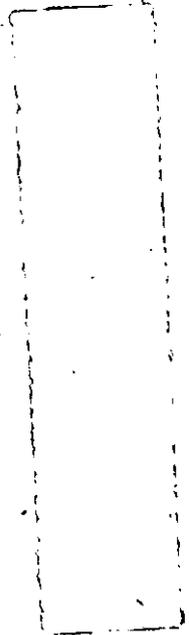
3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Marie Fechtler
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 21 1857
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 11 28
 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) Beaufort Mo
 FATHER
 13. NAME Peter Fechtler
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
 MOTHER
 15. MAIDEN NAME Elizabeth Kampschmidt
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
 17. INFORMANT H. Fechtler
 (ADDRESS) Beaufort Mo
 18. BURIAL, CREMATION, OR REBURY St. Johns Lutheran Ch. DATE July 19 1933
 19. UNDERTAKER J. J. Pedersen
 (ADDRESS) Beaufort Mo.
 20. FILED 7-18 1933 H. M. Moore Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 16 1933
 22. I HEREBY CERTIFY that I attended deceased from June 1 1933, to July 16 1933
 last saw him alive on July 15 1933. Death is said to have occurred on the date stated above, at 1:25 p.m.
 The principal cause of death and related causes of importance were as follows:
Cancer of Prostate 1931
51C
 Other contributory causes of importance: 51
 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? No
 If so, specify _____ (Signed) J. K. Matthews D.
 (Address) Beaufort Mo

N. E.—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.

PHOTOGRAPHIC COPY



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