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.

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

Do not use this space.

1. PLACE OF DEATH
County St Charles
Township Dame Osage
City Augusta (No. ..... St. ..... Ward)

Registration District No. 755
Primary Registration District No. 5996a

File No. 24175
Registered No. 10

2. FULL NAME Hugo W. Sehrt
(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 10 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) Widowed
5A. ~~IF MARRIED, WIDOWED, OR DIVORCED~~ HUSBAND OF ~~(OR)~~ WIFE OF Widowed
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 1 1863
7. AGE 70 YEARS | MONTHS 1 | DAYS 13 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner sawyer, bookkeeper, etc. Retired 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) Augusta Mo St Charles

FATHER
13. NAME Julius Sehrt
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Mack
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Herman Sehrt Augusta Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Higginsville DATE July 15 1933
19. UNDERTAKER (ADDRESS) Wilkins & Muschany Augusta Mo
20. FILED July 13 1933 B Mollinckrodt Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 13, 1933

22. I HEREBY CERTIFY, That I attended deceased from Apr 1, 1929, to July 13, 1933
I last saw him alive on July 13, 1933 Death is said to have occurred on the date stated above, at 9 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Dilatation of Heart	7/13/33
93C	
27B	
95C	

93C

Other contributory causes of importance:

Chr. Cholecystitis	9 yrs ago
Chr Myocarditis	9 years duration

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical 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) Calvin Clay, M. D.
(Address) Augusta Mo