

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

Do not use this space.

26180

1. PLACE OF DEATH

County Greene
Township Springfield
City Springfield No. 810 N. Locust

Registration District No. 318
Primary Registration District No. 2004

File No. _____
Registered No. 609
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 810 N. Locust Ward _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 3 - 1845

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
87 9 24

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Teamster

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) About 18 yrs ago 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Lisette Strentzsch Springfield Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE St. Johns No. 2 Aug 25, 1933

19. UNDERTAKER (ADDRESS) J. W. Hargrett & Co. Springfield, Mo.

20. FILED 8-25-33 Ralph Bangson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8 - 24 - 1933

22. I HEREBY CERTIFY, That I attended deceased from 7-22, 1933, to 8-24, 1933

I last saw him alive on 8-24, 1933 Death is said to have occurred on the date stated above, at 6:20 m.

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

Myocarditis chronic unknown
930
162
930
Other contributory causes of importance Senility

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) C. E. Feller, M. D.

(Address) Springfield Mo.

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

SEP 26 1933

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