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.

SEP 26 1933

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

Do not use this space.

27190

1. PLACE OF DEATH

County Oregon — Registration District No. 631 — File No. 8

Township — Primary Registration District No. 4381 — Registered No.

City Koshkonong (No. ..... St. ..... Ward)

2. FULL NAME Norman J. A. Mittlestedter

(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M — 4. COLOR OR RACE Wh — 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr- 8-1919

7. AGE YEARS 14. MONTHS 4 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. Student

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) Howell - Co Mo.

FATHER

13. NAME Chas. Mittlestedter

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. Dakota

MOTHER

15. MAIDEN NAME Pearl Taylor

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Howell Co Mo.

17. INFORMANT (ADDRESS) Mrs Pearl Mittlestedter

18. BURIAL, CREMATION, OR REMOVAL PLACE Koshkonong Mo DATE 19

19. UNDERTAKER (ADDRESS) Leo Carr

20. FILED 9/13 1933 Pearl Mittlestedter Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-19- 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug. 8- 1933, to Aug 19th 1933

I last saw him alive on Aug 19th 1933 Death is said to have occurred on the date stated above, at 6:00 p.m.

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

Typhoid Fever

Date of onset

Other contributory causes of importance:

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) J. Frank Gullic, M. D.

(Address) Koshkonong Mo.

Gullic.