

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

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37504

1. PLACE OF DEATH

County Rike Registration District No. 688 File No. _____
 Township Genio Primary Registration District No. 4412 Registered No. 14
 City Frankford (No. _____) St. _____ Ward _____

2. FULL NAME

John Frederick Waldschlager
 (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 Mary Waldschlager

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 3 - 1850

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
83 1 1

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

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) Luzonberg Germany

13. NAME not known

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

15. MAIDEN NAME Dora Miller

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

17. INFORMANT Fred Fisher
 (ADDRESS) Frankford mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Frankford mo DATE Nov 5 '33

19. UNDERTAKER Garner & Swan
 (ADDRESS) Frankford mo

20. FILED Nov 4 - 1933 Maie Ursell
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 4, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 26, 1933 to Nov 4, 1933

I last saw him alive on Oct 26, 1933 Death is said to have occurred on the date stated above, at 4 a m.

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

Myocarditis Date of onset _____

Nephritis

Other contributory causes of importance: _____

Inguinal Strain

Name of operation _____ Date of _____

What test confirmed diagnosis? None 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) N. S. Waters, M. D.

(Address) New London 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.

SECRET

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