JAN 26 1934

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

Do not use this space.

39004

1. PLACE OF DEATH

County ADAIR — Registration District No. 4 — File No.

Township BENTON — Primary Registration District No. 3001 — Registered No. 228

City KIRKSVILLE (No. ..... St. ..... Ward)

2. FULL NAME ROBERT LORENZ

(a) Residence, No. 717 E. WASHINGTON St., 4TH Ward. (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 62 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: ELLIE SHOOP LORENZ

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): AUG. 30, 1850.

7. AGE: YEARS 83 — MONTHS 4 — DAYS No. — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: IOWA STATE INS. CO.

10. Date deceased last worked at this occupation (month and year): 1923

11. Total time (years) spent in this occupation: 34

10 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ZWICKAU GERMANY

FATHER

13. NAME: ADOLPH LORENZ

10 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ZWICKAU GERMANY

MOTHER

15. MAIDEN NAME: SMALLFUSZ

10 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ZWICKAU GERMANY

17. INFORMANT (ADDRESS): ALTA LORENZ FAIR

18. BURIAL, CREMATION, OR REMOVAL

PLACE LEWELLIN DATE JAN 1 1934

19. UNDERTAKER (ADDRESS): SUMMERS & SON KIRKSVILLE MO

20. FILED Jan. 1 1934 Spencer Freeman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec 30, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 8, 1933, to Dec 30, 1933

I last saw him alive on Nov 10, 1933 Death is said to have occurred on the date stated above, at 9:30 a.m.

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

	Date of onset
Angina Pectoris	Oct 10 33
72A	
94A	
92A	

Other contributory causes of importance:

Chronic Valvular	9
Heart Disease	

Name of operation ✓ Date of

What test confirmed diagnosis? clinical 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) A B Crawford, M. D.

(Address) Kirksville Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

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.

U. S. No. 2