

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.

JAN 26 1934
81
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2

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

Do not use this space.

40997

1. PLACE OF DEATH

County Phelps Registration District No. 678
Township St. James Primary Registration District No. 4404
City St. James (No. _____, _____ St. _____ Ward)

File No. _____
Registered No. _____

2. FULL NAME

(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 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

| | | | | |
|---|--|---|--|--|
| 3. SEX <u>Male</u> | 4. COLOR OR RACE <u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u> | | |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Hannah Voss</u> | | | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 3 - 1862</u> | | | | |
| 7. AGE | YEARS <u>71</u> | MONTHS <u>7</u> | DAYS <u>27</u> | IF LESS than 1 day, _____ hrs. or _____ min. |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Section Labor Retired</u> | | | |
| | 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) <u>Nov. 1 - 1932</u> | | 11. Total time (years) spent in this occupation. <u>24 years</u> | |
| 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Stoltz Pommern Germany</u> | | | | |
| MOTHER | 13. NAME <u>Not Known</u> | | | |
| | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Not Known</u> | | | |
| | 15. MAIDEN NAME <u>Not Known</u> | | | |
| | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Not Known</u> | | | |
| 17. INFORMANT <u>Mrs. Hannah Voss</u> (ADDRESS) <u>St. James Mo</u> | | | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Masonic Cemetery</u> DATE <u>Jan 1 - 1934</u> | | | | |
| 19. UNDERTAKER <u>James and Ben Cook</u> (ADDRESS) <u>St. James Mo</u> | | | | |
| 20. FILED <u>1-1 - 1934</u> <u>Bevryt Walters</u> Registrar. | | | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 31 - 1933

I HEREBY CERTIFY That I attended deceased from Dec 1, 1933, to Dec 31, 1933

I last saw him alive on Dec 30, 1933. Death is said

to have occurred on the date stated above, at 4:37 A.M.

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

Chronic Nephritis 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) C. H. Fulbright, M. D.
(Address) St. James Mo

