

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

Do not use this space.

85

194

1. PLACE OF DEATH

County Buchanan Registration District No. _____ File No. _____
 Township _____ Primary Registration District No. 1001 Registered No. 7
 City Joseph (No. Joseph State Hosp) St. _____ Ward _____

2. FULL NAME

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

Length of residence in city or town where death occurred 23 yrs. 1 mos. 19 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) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 26 1895

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
about 47 11 5

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

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) Germany

13. NAME John Oehler

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS) Reynolds State Hosp Joseph Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Leavington Mo DATE Jan 14 1934

19. UNDERTAKER (ADDRESS) Hendon DeGale Bowman 319 S. 10th Street Joseph Mo

20. FILED 1-2- 1934 John R. Bender Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 1 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 17 1930 to Jan 1 1934

I last saw him alive on Jan 1 1934 Death is said to have occurred on the date stated above, at 7 a.m.

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

Arteriosclerosis (Hypertension) over 3 months duration

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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) W. J. Smith, M. D.

(Address) 157 1/2 Street

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.

1934

