

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.

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

Do not use this space.

**1. PLACE OF DEATH**County WASCONADETownship RICHLAND

City \_\_\_\_\_ (No. \_\_\_\_\_)

Registration District No. 304Primary Registration District No. 5421File No. 30

Registered No. \_\_\_\_\_

St. \_\_\_\_\_ Ward \_\_\_\_\_

**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 yrs. mos. ds. How long in U. S., if of foreign birth? 78 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 OFAUGUSTA WODTLEY**6. DATE OF BIRTH (MONTH, DAY, AND YEAR)**JUNE 10-1848**7. AGE**

YEARS

MONTHS

DAYS

If LESS than 1  
day, ..... hrs.  
or ..... min.8571**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)**1-1924**11. Total time (years) spent in this occupation**76 yrs**12. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY)

SWITZERLAND**13. NAME**Samuel Wodtley**14. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY)

Switzerland**15. MAIDEN NAME**Elizabeth Guehl**16. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY)

Switzerland**17. INFORMANT**

(ADDRESS)

Fred WodtleyHermann No 123**18. BURIAL, CREMATION, OR REMOVAL**

PLACE

St John's St. Louis

DATE

1/12**19. UNDERTAKER**

(ADDRESS)

Hugo BlumerHerrmann No 240**20. FILED**1-231934FL Kicker

Registrar.

**MEDICAL CERTIFICATE OF DEATH****21. DATE OF DEATH (MONTH, DAY, AND YEAR)** 1-12, 1934**22. I HEREBY CERTIFY, That I attended deceased from**1-12, 1934, to 1-12, 1934I last saw him alive on 1-12, 1934. Death is saidto have occurred on the date stated above, at 3 P. m.

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

Epilepsy

Date of onset

Other contributory causes of importance:

Senility

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) Howard Horkman, M. D.(Address) Pershing

