

MAR 24 1934

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County FranklinTownship Lyon

City

(No.

Registration District No. 300Primary Registration District No. 5417File No. 4522

Registered No.

St.

Ward)

2. FULL NAME Fred Voss(a) Residence, No. Krakow, Mo.

St.

Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 39 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

Louise Lause6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 13, 1869

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ... hrs. or min.

6440

OCCUPATION

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.

Farming

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

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Krakow
(STATE OR COUNTRY) Missouri13. NAME George Voss14. BIRTHPLACE (CITY OR TOWN) Germany
(STATE OR COUNTRY)15. MAIDEN NAME Kuhmeyer16. BIRTHPLACE (CITY OR TOWN) Germany
(STATE OR COUNTRY)17. INFORMANT Adolph Voss
(ADDRESS) Krakow, Mo.

18. BURIAL, CREMATION, OR REMOVAL

Catholic CemeteryOleover Bottom, Mo.DATE Jan. 15, 19 3419. UNDERTAKER Otto & Co.
(ADDRESS) Washington, Mo.20. FILED 7/14 1934 St. Matthews
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 13, 193422. I HEREBY CERTIFY, that I attended deceased from Feb 13, 1934 to Feb 13, 1934I last saw him alive on Feb 13, 1934 Death is saidto have occurred on the date stated above, at 6:15 a.m.

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

Chronic myocarditis

Other contributory causes of importance:

Name of operation No

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

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) St. Matthews(Address) Beaufort, Mo.

, M. D.

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.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

