

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.

MAR 24 1934

8484

1. PLACE OF DEATH

County Franklin Registration District No. 192  
Township Boeuf Primary Registration District No. 5-4-10  
City None No. None St. None Ward None

File No. 8484  
Registered No. None

2. FULL NAME

(a) Residence, No. None St. None Ward None

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

2 MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 2 1934

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs Catherine Walkenhorst

22. I HEREBY CERTIFY, That I attended deceased from Feb. 2 1934, to Mar. 2 1934  
last saw him alive on Mar 2 1934 Death is said

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 13 1850

to have occurred on the date stated above, at 12 P m.

7. AGE YEARS 83 MONTHS 3 DAYS 18 If LESS than 1 day, hrs. or min.

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

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

Cardiac Decomposition

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

1230  
Other contributory causes of importance  
Stasis Intestinalis

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) Krakow Mo

13. NAME Fredy Walkenhorst

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

15. MAIDEN NAME Freda Kypow

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

17. INFORMANT (ADDRESS) Mrs. Freda Walkenhorst

18. BURIAL, CREMATION, OR REMOVAL PLACE Rest Glades in DATE 3 7 5 1934

19. UNDERTAKER (ADDRESS) W. B. Gierlich, Son

20. FILED Mar 5 1934 Mrs. Juffie Gammew Registrar

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) W. F. Eumbeck M. D.

(Address) New Haven, Mo

