

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

Do not use this space.

10173

1. PLACE OF DEATH

County St. Clair Registration District No. 761
 Township Monongau Primary Registration District No. 6014
 City..... (No.....) St. Ward)

File No.

Registered No.

2. FULL NAME Albert Michel

(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? 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 Marie Michel

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 27-Dec-1879

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
54 2 18

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) Henry Co mo

13. NAME Mathieu Michel

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

15. MAIDEN NAME Anna Marolf

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

17. INFORMANT Marie Michel (ADDRESS) Montrose mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Montrose Cem DATE March 15 1934

19. UNDERTAKER Frank Hermann (ADDRESS) Montrose mo

20. FILED Apr 10 1934 A. P. Keener Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 15 1934

22. I HEREBY CERTIFY That I attended deceased from Feb. 23, 1934, to March 15, 1934

I last saw him alive on March 14, 1934 Death is said to have occurred on the date stated above, at 9:00 m.

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

Pneumonia Date of onset 2-10-34
107A / 07A
 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. H. White M. D.
 (Address) Appleton City, Mo

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.

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