

MAY 25 1934

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

Do not use this space.

15371

1. PLACE OF DEATH

County Saline
Township Salt Pond
City Emma, Mo.

Registration District No. 801
Primary Registration District No. 6044

File No. _____
Registered No. 11
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

SA. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lena Franke

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 7 - 1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 2 17

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

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) Lafayette Co13. NAME Henry Franke14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany15. MAIDEN NAME Unknown

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

17. INFORMANT Henry Franke (ADDRESS) Emma, Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Lutheran Cross Cemetery DATE April - 22 - 193419. UNDERTAKER A. F. Dugan (ADDRESS) Concordia, Mo20. FILED Apr. 21 1934 Rose C. Harmon Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr - 19 193422. I HEREBY CERTIFY, That I attended deceased from Feb. 27 1934 to Apr. 19 1934I last saw him alive on Apr. 18 1934 Death is saidto have occurred on the date stated above, at 9:30 A. m.

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

12493 D Date of onset _____Myocarditis _____Hypertrophic Cirrhosis of Liver _____

Other contributory causes of importance: _____

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) J. T. Freund, M. D.(Address) Emma, 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.

