

MAY 25 1934

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

Do not use this space.

15392

1. PLACE OF DEATH

County Scott

Registration District No. 816

Township Chaffee

Primary Registration District No. 4492

City Chaffee (No. ....)

File No. 8

Registered No. 8

St. .... Ward

FULL NAME

Frank Michael Amrhein

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

Length of residence in city or town where death occurred 15 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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF May Amrhein

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) DEC. 13-1870

| 7. AGE | YEARS     | MONTHS   | DAYS      | If LESS than 1 day, .... hrs. or .... min. |
|--------|-----------|----------|-----------|--|
|        | <u>63</u> | <u>3</u> | <u>23</u> |  |

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) DEC. 1933

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) RANTOUL ILLINOIS

13. NAME Michael Amrhein

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) NO RECORD GERMANY

15. MAIDEN NAME May Sanford

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) NO RECORD GERMANY

17. INFORMANT (ADDRESS) DATA RUSSELL CHAFFEE MO

18. BURIAL, CREMATION, OR REMOVAL PLACE U.P. GEM. CHAFFEE MO DATE Apr. 8 34

19. UNDERTAKER (ADDRESS) H.F. STUBBS CHAFFEE MO

20. FILED 417 134 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 6/34, 19

22. I HEREBY CERTIFY, That I attended deceased from Apr. 1st. 1934 to Apr. 6th 1934 19. I last saw him alive on Apr. 5/ 1934, 19. Death is said to have occurred on the date stated above, at 7:30 p. m.

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

Chronic Interstitial Nephritis

13/11 A.P. 1/3

Other contributory causes of importance: Anemia, Uremia, Coma.

Date of onset S.K. since known

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) H. F. Stubbs M. D. (Address) Chaffee 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.

