

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

Do not use this space.

File No. 17644

1. PLACE OF DEATH

County Pettis Registration District No. 112 File No. 17644
 Township Blackwater Primary Registration District No. 5856 Registered No. 6
 City (No. _____) St. _____ Ward _____

2. FULL NAME

John Lohmann
 (a) Residence, No. R.F. #9 St. _____ Ward _____
 (Usual place of abode) Sweet Springs mo (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

3. SEX <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Meta Lohmann</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 30-1866</u>		
7. AGE	YEARS <u>67</u>	MONTHS <u>10</u>
	DAYS <u>22</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer-Retired</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>—</u>	
	10. Date deceased last worked at this occupation (month and year) <u>1919</u>	11. Total time (years) spent in this occupation <u>Life</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
FATHER	13. NAME <u>Henry Lohmann</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
MOTHER	15. MAIDEN NAME <u>Margarete Kröger</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
17. INFORMANT (ADDRESS) <u>Willie Lohmann Sweet Springs mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Sweet Springs</u> DATE <u>May 23, 1934</u>		
19. UNDERTAKER (ADDRESS) <u>Jesse Harvey Sweet Springs mo</u>		
20. FILED <u>May 22, 1934</u> <u>V. Lorenz</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from December, 1933, to May 21, 1934
 I last saw him alive on May 5, 1934 Death is said to have occurred on the date stated above, at 1.0 m.
 The principal cause of death and related causes of importance were as follows:
Decayed atherosclerotic Rheumatic Date of onset 1919
Chronic
90%
 Other contributory causes of importance: PO

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) C. H. Meacham M. D.
 (Address) Sweet Springs

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.

JUN 25 1934

