

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

JUL 16 1934

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

Do not use this space.

1. PLACE OF DEATH

County Franklin Registration District No. 297
Township Washington Primary Registration District No. 3016
City Washington (No. _____) St. _____ Ward _____

File No. 20041
Registered No. 58

2. FULL NAME Thomas Elmer Sehrt

(a) Residence, No. Labadie Mo R F D 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. 14 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) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 11-1916
7. AGE YEARS 17 MONTHS 11 DAYS 9 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farming
10. Date deceased last worked at this occupation (month and year) May 6 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Labadie
(STATE OR COUNTRY) Franklin Co Mo

FATHER 13. NAME Oscar F. Sehrt

14. BIRTHPLACE (CITY OR TOWN) Boles Mo
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Rosa E Schultz

16. BIRTHPLACE (CITY OR TOWN) Labadie Mo
(STATE OR COUNTRY)

17. INFORMANT O E Sehrt
(ADDRESS) Labadie Mo

18. BURIAL, CREMATION, OR REMOVAL X
PLACE Bethel Cemetery DATE 6/22/34

19. UNDERTAKER Otto & Co
(ADDRESS) Washington Mo

20. FILED June 20, 1934
N. A. May Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 19, 1934

22. I HEREBY CERTIFY that I attended deceased from June 1, 1934 to June 19, 1934
I last saw him alive on June 19, 1934 Death is said to have occurred on the date stated above, at 10:25 A. M.

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

acute appendicitis Date of onset May 7
Generalized peritonitis
paralytic intestinal obstruction June 4

Other contributory causes of importance: None

Name of operation appendectomy Date of June 1-1934

What test confirmed diagnosis? gross 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) Louis J. Howe M. D.
(Address) Frank Bldg. Mo.

