

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

Do not use this space.

24013

1. PLACE OF DEATH

County Franklin
Township Boles
City (No. St. Ward)

Registration District No. 293
Primary Registration District No. 5411

File No.
Registered No.

2. FULL NAME August Vollmer.

(a) Residence, No. Gray Summit, Mo. St. Ward.
(Usual place of abode)
Length of residence in city or town where death occurred 7 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) single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 3, 1865</u>		
7. AGE YEARS 68	MONTHS 7	DAYS 6
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farming.		11. Total time (years) spent in this occupation
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)

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

13. NAME Ferdinant Vollmer.
14. BIRTHPLACE (CITY OR TOWN) Germany
(STATE OR COUNTRY)

15. MAIDEN NAME not known.
16. BIRTHPLACE (CITY OR TOWN) Germany
(STATE OR COUNTRY)

17. INFORMANT Mrs. Ida Weber.
(ADDRESS) Gray Summit, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Gray Summit Mo. DATE 7/11, 1934

19. UNDERTAKER Otto & Co. Wasington, Mo.
(ADDRESS)

20. FILED 8-5 19 24 96 4 1100 KCR
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 9, 1934

22. I HEREBY CERTIFY That I attended deceased from
....., 19....., to, 19.....

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at 8:15 A. m.

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

Lift the hose about 10 A.M. to work in the garden and fell dead in the garden while at work. Cause of death apoplexy.
Working in garden and dropped dead.

Name of operation none Date of
What test confirmed diagnosis? clinical 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) E. L. Worthington Corvair
(Address) Labadie Mo.

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.

36
AUG 15 1934

