

**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. 293
Township Calse Primary Registration District No. 5416
City (No.) St. Ward

File No. 24015
Registered No. _____

2. FULL NAME

(a) Residence, No. Robertsville Mo St., R. 1 Ward July 29, 1934
(Usual place of abode) (If nonresident, give city or town and State)

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.

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>Married</u>			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>John 16 1856</u>			
7. AGE	YEARS	MONTHS	DAYS
<u>78</u>	<u>6</u>	<u>13</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</u>		
	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) <u>Oerman Mo</u>			
FATHER	13. NAME <u>Fred Oerman</u>		
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Glanova Germany</u>		
MOTHER	15. MAIDEN NAME <u>Unknown</u>		
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Glanover Germany</u>		
17. INFORMANT <u>Mer Oerman</u> (ADDRESS) <u>Robertsville Mo</u>			
18. BURIAL, CREMATION, OR REMOVAL			
PLACE	<u>Dittmer</u>	DATE	<u>8/1 1934</u>
19. UNDERTAKER (ADDRESS) <u>John F. Roeser</u> <u>Robertsville Mo</u>			
20. FILED <u>8-5 1934</u> <u>E. R. Registrar.</u>			

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 29 1934

22. I HEREBY CERTIFY That I attended deceased from Oct 14 1933 to July 29 1934
I last saw h. m. alive on Oct 1933, 1933. Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:
Progressive Bulbar Paralysis of jaw Date of onset 2 year
8/11
Other contributory causes of importance:
Mitral Regurgitation
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? no 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) John F. Roeser, M. D.
(Address) Dittmer Mo

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

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.

AUG 15 1934

