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.

AUG 16 1934

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

Do not use this space.

1. PLACE OF DEATH
County Gasconade Registration District No. 303 File No. 24049
Township Primary Registration District No. 4182 Registered No. 21
City Hermann (No. St. Ward)

2. FULL NAME Peter John Danuser

(a) Residence, No. 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. ds. How long in U. S., if of foreign birth? 75 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Louisa Danuser
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sep. 1 - 1853
7. AGE: YEARS 80, MONTHS 10, DAYS 14. If LESS than 1 day, ...hrs. or ...min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired 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)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Gruenbinden (STATE OR COUNTRY) Switzerland

FATHER
13. NAME Jacob Danuser
14. BIRTHPLACE (CITY OR TOWN) Gruenbinden (STATE OR COUNTRY) Switzerland

MOTHER
15. MAIDEN NAME Anna Allemann.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland

17. INFORMANT Mrs Cora Treherne (ADDRESS) Hermann, Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Hermann City Cem. DATE 7/20 1934
19. UNDERTAKER Hugo Blumer (ADDRESS) Hermann Mo
20. FILED 7-17 1934 Anna K. Rickhoff Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 15 1934

22. I HEREBY CERTIFY, That I attended deceased from July 12, 1934, to July 15 1934
I last saw him alive on July 15 1934 Death is said to have occurred on the date stated above, at 5 P. m.
The principal cause of death and related causes of importance were as follows:

Nephritis (Brights Disease) (Chronic) — Date of onset: July 12 1934

131
120B
131

Other contributory causes of importance: 118 Gastritis and Colitis

Name of operation None 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? No
If so, specify

(Signed) H. J. Rickhoff, M. D.
(Address) Hermann Mo

26
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26