SEP 12 1934

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

Do not use this space.

File No. 28393

Registered No. 971

1. PLACE OF DEATH

County: Buchanan — Registration District No.:

Township: — Primary Registration District No.:

City: St. Joseph, (No. Missouri Methodist Hospital St. Ward)

2. FULL NAME Henry Frederick Mittelbach

(a) Residence, No. 104½ North 2nd Street St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 31 yrs. 10 mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 26. 1902

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	31	10	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Democratic Club

10. Date deceased last worked at this occupation (month and year): Aug. 12. 1934

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Joseph, Missouri

FATHER

13. NAME: Henry Mittelbach

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Boonville, Missouri

MOTHER

15. MAIDEN NAME: Effie May Kemp

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Miller County, Missouri

17. INFORMANT (ADDRESS): Effie May Mittelbach, 104 No. 2nd Street St. Joseph, MO.

18. BURIAL, CREMATION, OR REMOVAL — PLACE: St. Joseph, MO. DATE: Aug. 20, 1934 — Mount Olivet Cemt

19. UNDERTAKER (ADDRESS): H. O. Sidenfaden, 1802 Union Street, St. Joseph, MO.

20. FILED 8-18-1934 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): August. 17, 1934

22. I HEREBY CERTIFY, That I attended deceased from August 15, 1934, to Aug 17, 1934

I last saw him alive on August 17, 1934. Death is said to have occurred on the date stated above, at 10/15pm

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

	Date of onset
Appendicitis acute	Aug 11, 1934
Gangrenous perforated with generalized peritonitis	

Other contributory causes of importance:

Generalized peritonitis

Name of operation: Laparotomy & drainage Date of: 8-15-34

What test confirmed diagnosis: Pathologic & 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) H. C. Person, M. D.

(Address) St. Joseph, Mo.

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.

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