

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

Do not use this space.

30079

1. PLACE OF DEATH

County Marion Registration District No. 547 File No. _____
 Township Marion Primary Registration District No. 3029 Registered No. 259
 City Hannibal (No. 1) General Hospital St. _____ Ward _____

2. FULL NAME

Henry Richard Wenke
 (a) Residence, No. H 26 N Section St. _____ Ward _____ (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>Arnie Wenke</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 4-1874</u>		
7. AGE YEARS <u>60</u>	MONTHS <u>5</u>	DAYS <u>21</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>Engineer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Railroad</u>	
	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>Louisiana Missouri</u>		
FATHER	13. NAME <u>Frederick Wenke</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>No data Germany</u>	
MOTHER	15. MAIDEN NAME <u>Sarah Elizabeth Cash</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Frankford Missouri</u>	
17. INFORMANT <u>Mrs Arnie Wenke, wife</u> (ADDRESS) <u>H 26 N Section Hannibal, Mo</u>		
18. BURIAL, CREMATION OR REMOVAL PLACE <u>Mt Olivet</u> DATE <u>August 28, 1934</u>		
19. UNDERTAKER <u>Wm M Smith</u> (ADDRESS) <u>909 Bldg, Hannibal, Mo</u>		
20. FILED <u>Aug 26, 1934</u> <u>R H Isbister</u> Registrar.		

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 25, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 29, 1934, to Aug 25, 1934.

I last saw him alive on Aug 25, 1934. Death is said

to have occurred on the date stated above, at 7:15 p.m.

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

Myocarditis Date of onset not known
Acute purpura
Left femoral vein
 Other contributory causes of importance:
From Date of _____

Name of operation _____ 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 _____

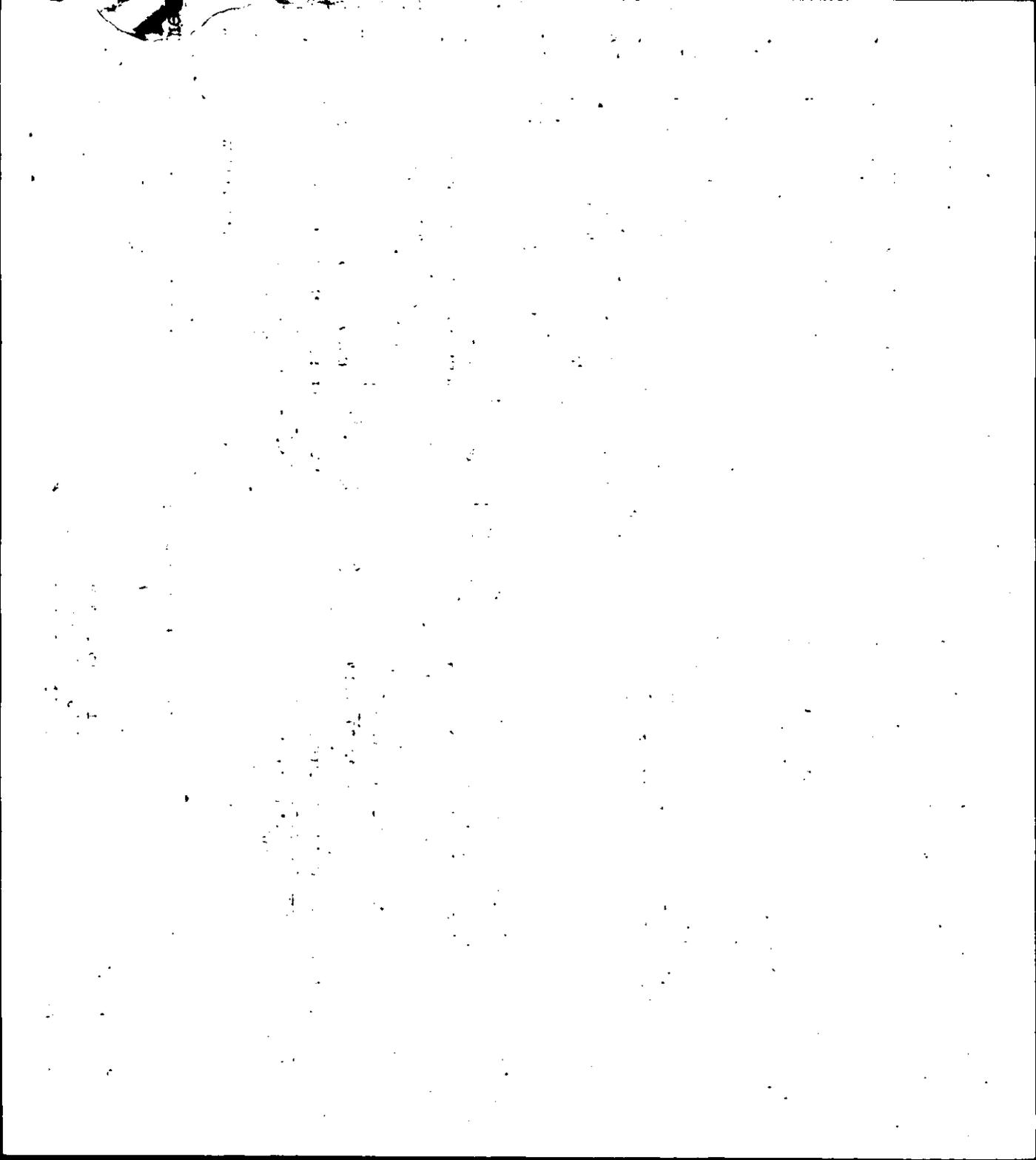
24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____

(Signed) [Signature], M. D.
 (Address) Hannibal - Mo

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

AUG 31 1934

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.



#2 *Marion*

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

WASHINGTON

E. T. McLaugh, M. D.,
Special Agent,
Jefferson City, Mo.

25-9

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Henry Richard Wenkle
Who died at Brown's Store - Hannibal Mo - Aug - 25 - 1934
Residence: No 426 1/2 Cedar St. Hannibal Mo.
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____
Sex M Color or race W Single, married, widowed or divorced: _____

Date of birth _____ Age: Years 60 Months 5 Days 21

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
(b) Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

Date deceased last worked at this occupation: Month _____ Year _____

Birthplace (State or country) _____
Birthplace of father (State or country) Myscarditis
Birthplace of mother (State or country) _____
Principal cause of death: _____

Other contributory causes of importance Recent lobar pneumonia + thrombosis of
Name of operation none Date of _____
What test confirmed diagnosis? X-ray Was there an autopsy? no
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 _____
Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
Name of physician _____
Address of physician _____
Signature of Registrar: [Signature] Date filed Oct-29-34

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. 547 Very truly yours,

Primary Reg. Dist. No. 3029

Special Agent.

5-30079