

OCT 18 1934

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

Do not use this space.

33669

1. PLACE OF DEATH  
79 County Perry Registration District No. 662  
Township Salem Primary Registration District No. 5880  
City (No. ) St. Ward

File No. 33669  
Registered No. 14

2. FULL NAME Claus Detjen  
(a) Residence, No. Farrow 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? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) Engel Detjen

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 15<sup>th</sup> 1845

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
88 9 22                           

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm  
10. Data deceased last worked at this occupation (month and year) August 1934 11. Total time (years) spent in this occupation 65

12. BIRTHPLACE (CITY OR TOWN) Hanover (STATE OR COUNTRY) Germany

13. NAME Heinrich Detjen

14. BIRTHPLACE (CITY OR TOWN) Hanover (STATE OR COUNTRY) Germany

15. MAIDEN NAME Mary (Family name unknown)

16. BIRTHPLACE (CITY OR TOWN) Hanover (STATE OR COUNTRY) Germany

17. INFORMANT Louis Detjen (ADDRESS)         

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Farrow NO. DATE Sept 8 1934

19. UNDERTAKER Youngs & Francis (ADDRESS)         

20. FILED Sept 11 1934 J. F. DeLassus Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 6<sup>th</sup> 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 6<sup>th</sup> 1934 to Sept 6<sup>th</sup> 1934, 1934  
I last saw him alive on Sept 6<sup>th</sup> 1934, 1934. Death is said to have occurred on the date stated above, at 8:30 P. m.  
The principal cause of death and related causes of importance were as follows:

Chronic Nephritis  
131

Date of onset  
3 weeks

Other contributory causes of importance 131

Name of operation None Date of           
What test confirmed diagnosis?          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) Gherdov Fischer M. D.  
(Address) Hettinger, 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.

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