

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

Do not use this space.

NOV 22 1934

1. PLACE OF DEATH

County

Township

City

Miller  
Jesse Henry

Registration District No.

Primary Registration District No.

(No.)

74  
5-757A

File No.

Registered No.

St.

Ward

36700

2. FULL NAME

(a) Residence No.

(Usual place of abode)

St.

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 47 yrs. mos. 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)

M.

W.

married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

Anna Morman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

47

8

11

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.

10. Date deceased last worked at this occupation (month and year)

all

11. Total time (years) spent in this occupation

all

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

Miller Co.

13. NAME

Herman Morman

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

Germany

15. MAIDEN NAME

Estie Luckenbach

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

Osage Co. Mo.

17. INFORMANT (ADDRESS)

B. A. Warming

18. BURIAL, CREMATION, OR REMOVAL

St. Mary's Cemetery DATE Oct 25 1934

19. UNDERTAKER (ADDRESS)

Schubert Co. Eugene Mo.

20. FILED 10/24 1934

B. H. Morman Registrar.

MEDICAL CERTIFICATE OF DEATH

2

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

Oct 23 1934

22. I HEREBY CERTIFY, That I attended deceased from

July 12 1934, to 10/23 1934

First saw him alive on 10/23 1934 Death is said

to have occurred on the date stated above, at 3:08 p.m.

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

General Paralysis following heart stroke

Date of onset

Other contributory causes of importance:

30

Name of operation

What test confirmed diagnosis? Rheumatoid 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

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

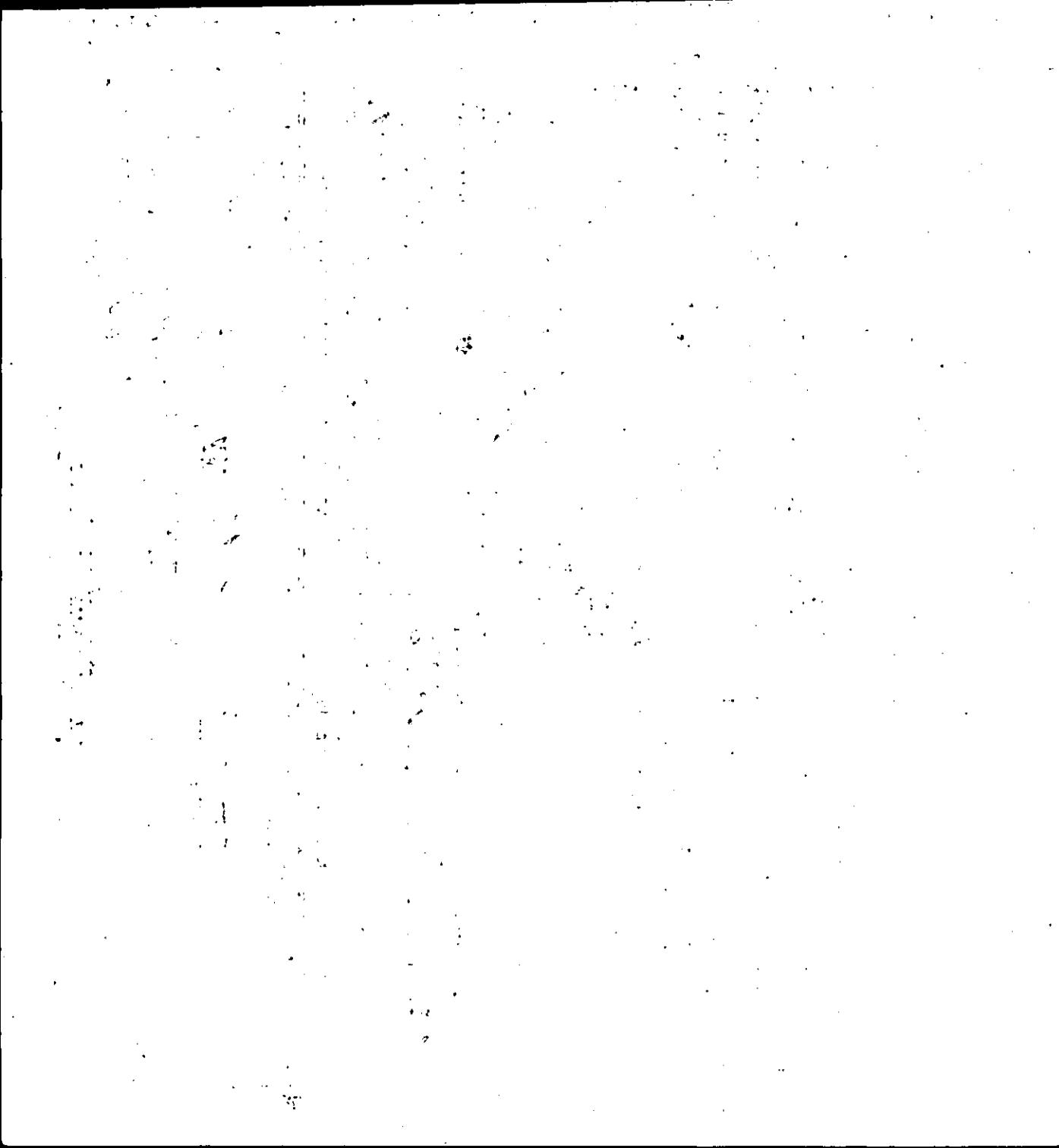
24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Geo. H. Shibley, M. D.

(Address) Eugene Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. N. E.—Every item of information should be carefully supplied.



CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FEB 26 1935

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

Do not use this space.

1. PLACE OF DEATH

County *Miller*  
Township *Jim Henry*  
City (No. ....) .....

Registration District No. *564*  
Primary Registration District No. *5257*

File No. ....  
Registered No. ....  
St. .... Ward .....

2. FULL NAME

(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? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Anna Masman*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Feb 24 1887*

7. AGE YEARS MONTHS DAYS *47 8 11* If LESS than 1 day, hrs. or min.

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. *Own farm*

10. Date deceased last worked at this occupation (month and year) *July 2* 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Miller County*

13. NAME *Herman Masman*

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

15. MAIDEN NAME *Katie Puszkowitz*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Osage County*

17. INFORMANT (ADDRESS) *P. G. Jammi*

18. BURIAL, CREMATION, OR REMOVAL PLACE *St. Marys Cemetery* DATE *Oct 25 1934*

19. UNDERTAKER (ADDRESS) *Shelby*

20. FILED *10/23 34* *P. G. Jammi* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Oct 23 1934*

22. I HEREBY CERTIFY, That I attended deceased from *July 12 1934* to *Oct 23 1934*  
I last saw h. *W. M.* alive on *Oct 23 1934*. 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:

*Cerebral Paralysis following that stroke*

Other contributory causes of importance: *191*

Name of operation ..... Date of .....  
What test confirmed diagnosis *Physical* 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?   
If so, specify .....

(Signed) *Geo. H. Shirley*, M. D.  
(Address) *Osage Mo.*

5-26700