

Dr. Hill

NOV 19 1934

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

Do not use this space!

38922

1. PLACE OF DEATH  
26 County Cole Registration District No. 213  
Township Jefferson Primary Registration District No. 5293  
City (No. ) St. Ward)

File No. 299  
Registered No. 299

2. FULL NAME Martin J. Engelbrecht  
(a) Residence, No. St. Ward. (If nonresident, give city or town and State)  
(Usual place of abode)  
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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Katherine Engelbrecht

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June-27-1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
73 4 4

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

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) (STATE OR COUNTRY) Osage Bluff, Missouri

FATHER 13. NAME Michael Engelbrecht

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

MOTHER 15. MAIDEN NAME Margaret Unkauf

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

17. INFORMANT Julius H. Engelbrecht  
(ADDRESS) Jefferson City, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Honey Creek DATE Nov-3- 1934

19. UNDERTAKER Joseph G. Gordon  
(ADDRESS) Jefferson City, Mo.

20. FILED 11-30-34 1934 Dr. Engelbrecht  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 1 1934

22. I HEREBY CERTIFY That I attended deceased from Nov 31 1934 to Nov 2 1934

I last saw him alive on Nov 31 1934. Death is said to have occurred on the date stated above, at 2 a.m.

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

Bowel Obstruction  
Probably a Volvulus  
1921

Date of case: 11/1/34

Other contributory causes of importance: none

Name of operation: Cholecystectomy Date of operation: Nov 1, 1934

What test confirmed diagnosis? Cholecystogram Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no Date of injury Nov 1, 1934

Where did injury occur? Home

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no

Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify no

(Signed) James A. Hill M. D.

(Address) Jefferson City, 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.

