

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

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.

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

Do not use this space.

DEC 26 1934

39042

1. PLACE OF DEATH

County Franklin  
Township Boyer  
City (No. ....) (No. ....) (No. ....) (No. ....)

Registration District No. 293  
Primary Registration District No. 5411

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. da.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-26-1934

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Katie Humerstall

22. I HEREBY CERTIFY, That I attended deceased from Nov. 4, 1934, to Nov. 23, 1934

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-1-1856

I last saw him alive on Nov. 23, 1934. Death is said to have occurred on the date stated above, at 5:30 A.M.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 78 3 24

The principal cause of death and related causes of importance were as follows: Dilatation of heart. Date of onset

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

Other contributory causes of importance: hardening of arteries and old age

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) St. Louis Mo.

13. NAME J. Casper

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

15. MAIDEN NAME Schaper

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

17. INFORMANT (ADDRESS) Willie Humerstall, Franksville Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Mary's DATE 11-30-34

19. UNDERTAKER (ADDRESS) S. H. Hume, Franksville Mo.

20. FILED 12 6 1934 J. E. Hume Registrar.

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? no If so, specify (Signed) D. E. Williams, M. D. (Address) Union Mo.

