

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.

JAN 1 1935

43975

## 1. PLACE OF DEATH

County Pettis  
Township Smithton  
City Smithton (No. .... St. .... Ward)

Registration District No. 669  
Primary Registration District No. 4401

File No. ....  
Registered No. 12

## 2. FULL NAME

William Theodore Wagenknecht  
(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 10 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>Tillie Wagenknecht</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 23-67</u>		
7. AGE <u>67</u>	YEARS <u>3</u>	MONTHS <u>10</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Stock Raising</u>		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>✓</u>
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation <u>35</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Morgan Co Missouri</u>		
13. NAME <u>Henry Wagenknecht</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
15. MAIDEN NAME <u>Amanda Ellen Smith</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>W. Va.</u>		
17. INFORMANT (ADDRESS) <u>Mrs Tillie Wagenknecht</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Smithton, MO</u> DATE <u>Dec 5-34</u>		
19. UNDERTAKER (ADDRESS) <u>A. F. Thompson Smithton MO</u>		
20. FILED <u>12-5-34</u> <u>Mrs J. L. Thomas</u> Registrar		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-3-34, 19

22. I HEREBY CERTIFY, That I attended deceased from 6-1-34 19 to 12-3-34, 19

I last saw him alive on 12-3-34, 19. Death is said to have occurred on the date stated above, at 1:15 p.m.

The principal cause of death and related causes of importance were as follows:  
Mitral Regurgitation  
9th

Other contributory causes of importance:  
None

Name of operation None Date of None

What test confirmed diagnosis Symptoms 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 None

(Signed) E. E. Holtzman, M. D.  
(Address) Smithton Mo

