

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

Do not use this space.

MAR 1 1935

1. PLACE OF DEATH

County Greene St. Gen.
Township St. Genevieve
City St. Genevieve (No. _____) St. _____ Ward _____

Registration District No. 280
Primary Registration District No. 6025

File No. 2692
Registered No. 3

2. FULL NAME

Lawrence H. Herzog

(a) Residence, No. _____ St. _____ Ward _____
(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. (If nonresident, give city or town and State)

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 YOLKE Zalie Thomase

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 20 1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
60 5 14

8. Trade, profession, or particular kind of work done, as splinner, 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) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Genevieve Missouri

13. NAME Charles Herzog

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Genevieve Missouri

15. MAIDEN NAME Sophia Grass

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Genevieve Co. Missouri

17. INFORMANT (ADDRESS) Charles H. Herzog St. Genevieve Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Chamadeale Mo. DATE Jan 6 1935

19. UNDERTAKER (ADDRESS) Geo. C. Baker St. Genevieve Mo.

20. FILED Jan 5 1935 T.W. Douglas Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 4, 1935 19__

22. I HEREBY CERTIFY, That I attended deceased from Jan 3, 1935, 19__, to Jan 4, 1935, 19__.

I last saw him alive on Jan 4, 1935, 19__ Death is said to have occurred on the date stated above, at 6:15 P.M.

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

Myo-carditis Date of onset _____
Lobar-pneumonia Date of onset _____

Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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) [Signature]
(Address) St. Genevieve 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.

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

