

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.

FEB 22 1935

4917

1. PLACE OF DEATH

County Franklin Registration District No. 292
Township _____ Primary Registration District No. 4176
City Northhampton, Mo. (No. _____) St. _____ Ward _____

File No. 43
Registered No. _____

2. FULL NAME

Louis J. Hoelscher
(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 11 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 W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs Lena Hoelscher

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 10 - 1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 — 30

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

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) 2-8-1935 11. Total time (years) spent in this occupation 6

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Warrens, Mo.

13. NAME Rudolph Hoelscher

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

15. MAIDEN NAME Lena Blanke

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

17. INFORMANT Mrs Louis Hoelscher (ADDRESS) Northhampton, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Northhampton DATE Feb 12 - 1935

19. UNDERTAKER L. B. Curtis, Son (ADDRESS) _____

20. FILED Feb 9 1935 J. J. Gammage Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-9 1935

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at about 12:30 a.m.

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

Valvular Heart Disease Date of onset 1935
Diabetes
found dead in bed in his home.

Other contributory causes of importance: Diabetes 59 Mellitus

Name of operation none Date of _____
What test confirmed diagnosis? clinical Was 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 _____

(Signed) E. D. Worthington Coroner, M.D.
(Address) Labadil Mo.

