MAR 2 3 1935

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

Do not use this space.

4955

File No.

Registered No. 24

1. PLACE OF DEATH

County Franklin Registration District No. 297

Township St. Johns Primary Registration District No. 5414

City ~~Krakow~~ (No. ..... St. ..... Ward)

2. FULL NAME Ralph Henry Voss

(a) Residence, No. 5 Miles south of Washington Mo St. ..... Ward.

(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. 0 mos. 16 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Child

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF: Child

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 1st 1930

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
5	0	16	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Child

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) ~~Krakow~~ Krakow Franklin County Mo

FATHER

13. NAME Joseph H. Voss

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Krakow, Mo.

MOTHER

15. MAIDEN NAME Anna Rademacher

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Krakow Mo Franklin Co

17. INFORMANT (ADDRESS) Anna Rademacher Voss Krakow Mo

18. BURIAL, ~~CREMATION OR REMOVAL~~ PLACE Catholic Cemetery Krakow Mo DATE Feb 20th 35

19. UNDERTAKER (ADDRESS) Otto & Co Washington Mo

20. FILED Feb. 18- 1935 Kamay Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 17- 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 6 1935, to Feb 17 1935

I last saw ~~him~~ alive on Feb 17 1935. Death is said to have occurred on the date stated above, at 945 a. m.

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

	Date of onset
Whooping Cough	Dec 26-1934
9	

Other contributory causes of importance:

Bronchial Pneumonia	Feb 6 1935

Name of operation no Date of -

What test confirmed diagnosis? Clin. 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) S. D. Maupin, M. D.

(Address) Washington, Missouri

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