

MAR 15 1935

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

Do not use this space.

7096

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 10003

City (No. 17272).....

St. Ward

2. FULL NAME

(a) Residence, No. 210
(Usual place of abode)

Ward. 25

(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.

ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) about Dec 11 - 1863

7. AGE YEARS 72 MONTHS 2 DAYS 0 IF LESS than 1 day, hrs. or min.

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

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) Pennsylvania

13. NAME John Orchard

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

15. MAIDEN NAME Louisa Materna

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

17. INFORMANT (ADDRESS) Wm. J. ... City ...

18. BURIAL, CREMATION, OR REMOVAL PLACE Mo. Cremation DATE Feb. 14 1935

19. UNDERTAKER (ADDRESS) Ziegenhain Bros 2623 Cherokee

20. FILED FEB 13 1935 J. F. Bredeck Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/11 1935

22. I HEREBY CERTIFY, That I attended deceased from 1/14 1935 to 2/11 1935

I last saw him alive on 2/11 1935. Death is said

to have occurred on the date stated above, at 3:00 p.m.

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

entered venous H.D. vessel 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) J. F. Bredeck, M. D.

(Address) City ...

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—RECORD

THE STATE OF TEXAS,
COUNTY OF _____

Know all men by these presents, that _____

of the County of _____

do hereby certify that _____

is the true and correct copy of _____

as the same appears from the _____

records of the _____

of _____
