

MAY 25 1935.

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

Do not use this space.

8827

193

1. PLACE OF DEATH
 County Greene Registration District No. 318
 Township Springfield Mo Primary Registration District No. 2001
 City Springfield Mo (No.) St. Ward

2. FULL NAME Andrew Essemayer
 (a) Residence, No. 1523 Spring St. Ward
 (Usual place of abode) (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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male
 4. COLOR OR RACE White
 5. SINGLE, MARRIED, WIDOWED, OR Married
 (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 27 1861

7. AGE YEARS 74 MONTHS 2 DAYS 1
 If LESS than 1 day, hrs. or min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 28 1935
 22. I HEREBY CERTIFY, That I attended deceased from , 1929, to Mar 28, 1935
 I last saw h. alive on Mar 28, 1932 Death is said to have occurred on the date stated above, at 5:15 PM
 The principal cause of death and related causes of importance were as follows:

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinning, sawyer, bookkeeper, etc. Miller owned
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Essemayer's
 10. Date deceased last worked at this occupation (month and year) Apr 35
 11. Total time (years) spent in this occupation 20 yr

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Masachusetts

FATHER
 13. NAME Andrew Essemayer
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
 15. MAIDEN NAME Christina Miller
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Miller Essemayer
1107 No Benton

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Woodswood DATE 3/31

19. UNDERTAKER (ADDRESS) Essemayer & Son
Springfield Mo

20. FILED 4-1 1935 John H. [unclear]
 Registrar

Date of onset Mar 28 35

Coronary thrombosis

Other contributory causes of importance:
Coronary Sclerosis 1930

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. Began while playing golf

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify Fracture of Clavicle
 (Signed) Frank B. Camp M. D.
 (Address) Springfield Mo

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.

