

APR 2 9 1935

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

Do not use this space.

13429

1. PLACE OF DEATH

County Lawrence Registration District No. 473
Township Quistatt Primary Registration District No. 5637
City Lawrence (No. _____) St. _____ Ward _____

File No. _____

Registered No. _____

2. FULL NAME James Theo. Augdembrink

(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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>Wht.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1/14/1905</u>		
7. AGE YEARS	MONTHS	DAYS
	<u>1</u>	<u>14</u>
If LESS than 1 day, _____ hrs. or _____ min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation
	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)	

12. BIRTHPLACE (CITY OR TOWN) Lawrence Co. Mo.
(STATE OR COUNTRY)13. NAME Theodor Augdembrink14. BIRTHPLACE (CITY OR TOWN) Lawrence Co. Mo.
(STATE OR COUNTRY)15. MAIDEN NAME Minnie Peir16. BIRTHPLACE (CITY OR TOWN) Lawrence Co. Mo.
(STATE OR COUNTRY)17. INFORMANT John Nobis
(ADDRESS) Quistatt Mo.18. BURIAL, CREMATION, OR REMOVAL
PLACE Quistatt DATE April 3rd, 193519. UNDERTAKER John Nobis
(ADDRESS) Quistatt Mo.20. FILED April 3rd, 1935 B. W. G. Joseph
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 1, 193522. I HEREBY CERTIFY, That I attended deceased from Mar. 27, 1935, to Apr. 1, 1935.I last saw him alive on Apr. 1, 1935. Death is saidto have occurred on the date stated above, at 5 A. M.
The principal cause of death and related causes of importance as follows:Pneumonia (lobular)Date of onset Mar. 25, 1935

Other contributory causes of importance:

Name of operation None Date of _____What test confirmed diagnosis? Phys. Signs Was there an autopsy? No23. 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 _____

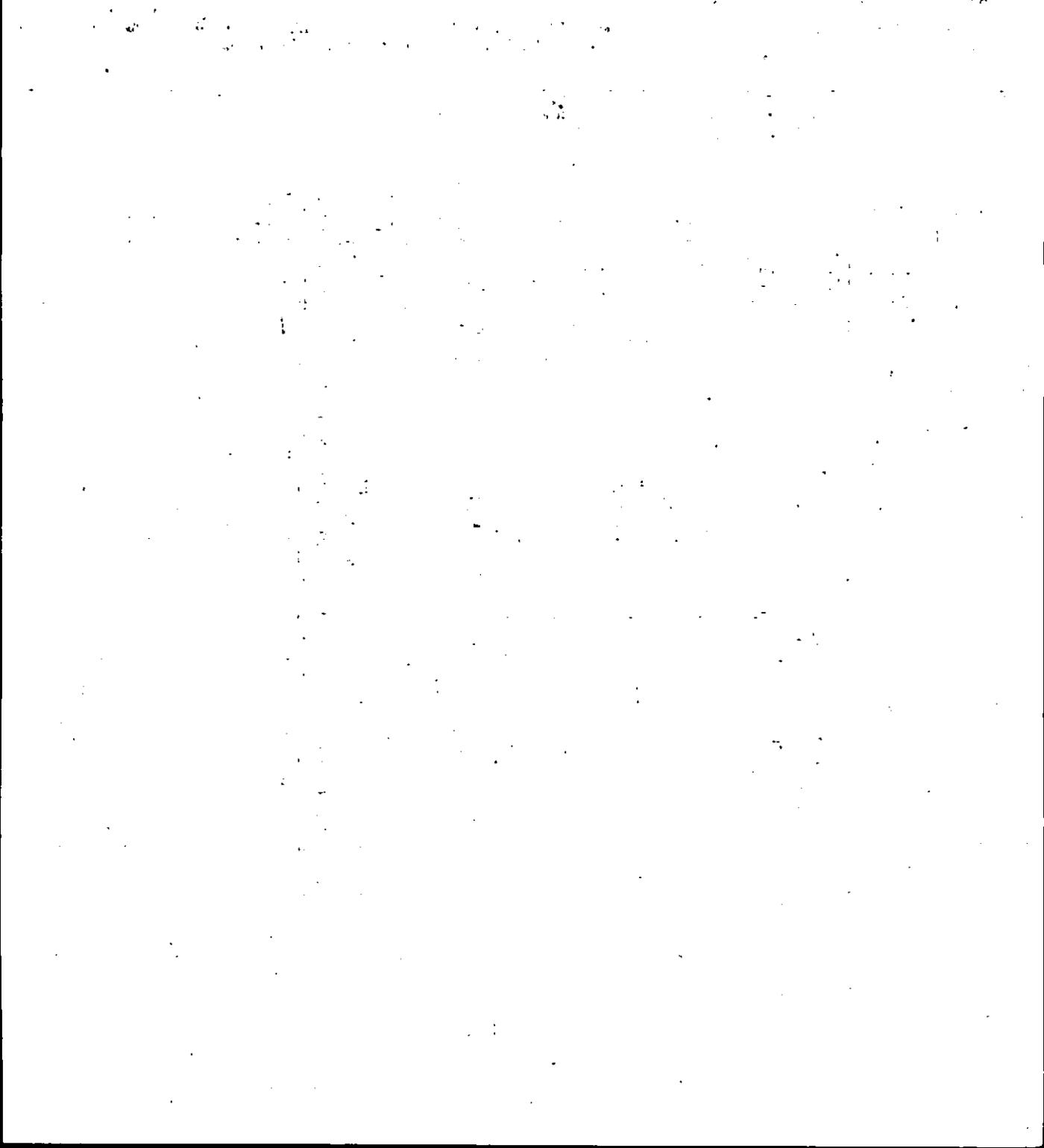
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) J. C. Gayle M. D.(Address) 304 Broadway - Monett, 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.



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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Lawrence
Township.....
City..... (No..... St..... Ward)

Registration District No. 473
Primary Registration District No. 5637

File No.....
Registered No.....

2. FULL NAME

James Theo Aufdembrink

(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 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX

m

4. COLOR OR RACE

wht

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

s

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

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

Feb. 17th 1935

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

1
14

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

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE..... DATE..... 19.....

19. UNDERTAKER (ADDRESS)

20. FILED April 30 1935 Lena J. Joplin Registrar
Sept 24 Robert A. Schorn

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

Apr 1 1935

22. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....

I last saw alive on....., 19..... Death is said

to have occurred on the date stated above, at..... m.

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

Pneumonia lobular Date of onset

Other contributory causes of importance:

None

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) W. C. Hazell M. D.

(Address) 304 Broadway Monett Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SUPERINTENDENT

1000
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SEP 17 1935

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