

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

Do not use this space.

MAY 15 1935

14095

1. PLACE OF DEATH
 County St. Francois Registration District No. 773
 Township Farmington Primary Registration District No. 4464
 City Farmington (No. _____) St. _____ Ward _____

2. FULL NAME Herward Trauernicht
 (a) Residence, No. Farmington Mo. 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.

File No. _____
 Registered No. 65
 St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 19 1864

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
<u>70</u>		<u>9</u>	<u>38</u>	

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

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) Oct 19, 1932 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iron Mountain Mo

FATHER

13. NAME August F Trauernicht

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

MOTHER

15. MAIDEN NAME Johanna Eggerting

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

17. INFORMANT (ADDRESS) Karl Trauernicht

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Masonic DATE April 20 1935

19. UNDERTAKER (ADDRESS) Farmington Undertaking Co
7 Springfield Mo.

20. FILED apl 20 1935 W.B. Robinson
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Dec 29 1924 to Apr 17 1935
 I last saw him alive on April 15 1935 Death is said to have occurred on the date stated above, at 6 a.m.
 The principal cause of death and related causes of importance were as follows:
Chronic Atherosclerosis
" Myocardio "
Chronic Int Nephritis
Pulmonary Oedema 18
 Date of onset _____

Other contributory causes of importance: _____

Name of operation Cholec 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 R. J. Jephson
 (Signed) _____, M. D.
 (Address) Farmington 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.

