

1 JUL 26 1935

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

Do not use this space.

17400

1. PLACE OF DEATH

County Phelps Registration District No. 677
Township Ragea Primary Registration District No. 4403
City Henry (No. 1) St. _____ Ward _____

File No. _____
Registered No. 36
St. _____ Ward _____

2. FULL NAME

(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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 28, 1935

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

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1935, to May 28, 1935

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 28, 1854

I last saw him alive on May 27, 1935 Death is said to have occurred on the date stated above, at 11:50 P.M.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
80 10 7

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

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

Myocarditis with gradual & progressive weakening of Myocardium resulting in failure
Other contributory causes of importance: Senility

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

Name of operation None Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no

FATHER 13. NAME Carl Pohle

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

MOTHER 15. MAIDEN NAME OK

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

17. INFORMANT (ADDRESS) Adolph Pohle

18. BURIAL, CREMATION, OR REMOVAL PLACE Wishon Cem. DATE May 30

19. UNDERTAKER (ADDRESS) Harry K. Miller

20. FILED May 30, 1935 Joe F. Ayler Registrar

23. If death was due to external causes (accident), 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) Lillian M. Callaghan, M. D.
(Address) Rolla, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

OCT 28 1954