

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

Do not use this space.

2 2 1935

22854

1. PLACE OF DEATH

County T. Holt

Registration District No. 373

Township

Primary Registration District No. 4919

City Oregon (No.)

Registered No. 9 St. Ward)

2. FULL NAME Jshawany Adolph

(a) Residence, No. St. Ward.

Length of residence in city or town where death occurred 24 yrs. - mos. - ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

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 Elizabeth Adolph

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 25 - 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 78 10 6

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. same

10. Date deceased last worked at this occupation (month and year) about 1914 11. Total time (years) spent in this occupation 30 y

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Holt Co Mo

13. NAME George Adolph

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

15. MAIDEN NAME unknown

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

17. INFORMANT (ADDRESS) Jacob Adolph Oregon Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Oregon Mo DATE July 3 1935

19. UNDERTAKER (ADDRESS) Lepton Ottobach Oregon Mo

20. FILED 8-2-35 19 35 Mo Chandler Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 1 1935

22. I HEREBY CERTIFY, That I attended deceased from June 14 1935 to July 1 1935

I last saw him alive on 19..... Death is said to have occurred on the date stated above, at 6:30 m.

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

Peritonitis Date of onset June 25 1935

Other contributory causes of importance: Uptitis

Name of operation suprapubic cystotomy F-7-35 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.

Manner of injury Nature of injury

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

(Signed) Moorth andler, M. D.

(Address) Oregon, Mo.

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3/2

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

Do not use this space.

1. PLACE OF DEATH

County Fact
Township _____
City _____ (No. _____)

Registration District No. 373
Primary Registration District No. 4219

File No. _____
Registered No. 9 Ward _____

2. FULL NAME

Joshaway Adolph

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

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

7. AGE YEARS 78 MONTHS 10 DAYS 6 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

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) _____

FATHER MOTHER

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 8-2-37 1937 Geo. F. Chandler Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 1 1935

22. I HEREBY CERTIFY, That I attended deceased from _____ 19____, to _____ 19____

I last saw him/her 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:

Peritonitis
No stones
Date of onset _____

Other contributory causes of importance:

Cystitis
Retention of urine -
due to 67 passage stones
Name of operation Suprapubic Cystotomy 7/7/35
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) Geo. F. Chandler, M. D.
(Address) Oregon, Mo

SUPPLEMENT

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

SEP 2 1985

S-22854