

SEP 12 1935

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

Do not use this space.

25785

1. PLACE OF DEATH

County Cape Girardeau Registration District No. 120

Township _____ Primary Registration District No. 3009

City Cape Girardeau (No. St Francis Hospital)

File No. _____

Registered No. 210

St. _____ Ward _____

2. FULL NAME

Armond L. Menz

(a) Residence, No. Fornfelt Missouri Ward. Samuel Ma

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 3, 1913

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 22 6 3

OCCUPATION 8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. General Repriator 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Building 10. Date deceased last worked at this occupation (month and year) Aug 4, 35 11. Total time (years) spent in this occupation. 3 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kelso Missouri

FATHER 13. NAME Nick Menz

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

MOTHER 15. MAIDEN NAME Mary K. Mergant

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

17. INFORMANT (ADDRESS) Nick Menz Fornfelt Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Kelso Missouri DATE Aug 8, 1935

19. UNDERTAKER (ADDRESS) Robert C. Crowell Fornfelt Missouri

20. FILED 6 1935 Jim. Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/6, 1935

22. I HEREBY CERTIFY, That I attended deceased from 8/5, 1935, to 8/6, 1935. I last saw him alive on 8/5, 1935. Death is said to have occurred on the date stated above, at 3:40 A.M.

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

MEINGITIS (EPIDEMIC CEREBRO-SPINAL)

Other contributory causes of importance:

Name of operation _____ Date of _____ What test confirmed diagnosis? Kel 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? _____ If so, specify _____

(Signed) W. D. Smith, M. D. (Address) Cape Girardeau Mo

WRITE PLAINLY, WITH UNFAADING 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.

