

SEP 19 1935

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

26081

1. PLACE OF DEATH

County FRANKLIN
 Township BOEFEE
 City ✓ (No. ✓)

Registration District No. 292
 Primary Registration District No. 3-410

File No. ✓
 Registered No. ✓
 St. ✓ Ward ✓

2. FULL NAME AUGUST WILLIAM WATTENBERG

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

Length of residence in city or town where death occurred 70 yrs. ✓ mos. ✓ ds. How long in U. S., if of foreign birth? 70 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) WIDOWED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JULY 10-1842

7. AGE YEARS 93 MONTHS 0 DAYS 28 If LESS than 1 day, ✓ hrs. ✓ or ✓ min.

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

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) FLOTO GERMANY13. NAME ERNEST WATTENBERG14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY15. MAIDEN NAME UNKNOWN16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY17. INFORMANT (ADDRESS) Frank O. Ficke

18. BURIAL, CREMATION, OR REMOVAL

PLACE EVAN G. ST. AUG 12, 193519. UNDERTAKER (ADDRESS) HERMAN BLUMER
BERGER MO.20. FILED Aug 10 1935 Jessie Grannemann
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 8, 1935 8:30 PM22. I HEREBY CERTIFY, That I attended deceased from 3/11, 1935, to Aug 8, 35, 1935.

I last saw him alive on Aug 8, 1935. Death is said to have occurred on the date stated above, at 8:30 PM.
 The principal cause of death and related causes of importance were as follows:

General arterio
Sclerosis
Cardiac
decompensation
 Date of onset ✓

Other contributory causes of importance:

Cardiac
decompensation
 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 ✓, 1935

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. F. Embeck, M. D.

(Address) New Haven, 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.

