

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

Do not use this space.

26100

1. PLACE OF DEATH

County Franklin
Township Union
City Union-Union (No.)

Registration District No. 296
Primary Registration District No. 4180

File No.
Registered No.
St. Ward)

2. FULL NAME Paul Fluekiger

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

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S., if of foreign birth? 48 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 Emma Fluekiger

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 15, 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 2 5

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

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) Bern
(STATE OR COUNTRY) Switzerland

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Miss Alma Fluckinger
(ADDRESS) Union, Missouri

18. BURIAL, CREMATION, OR REMOVAL

PLACE Krakow, Mo. DATE Aug. 23 1935

19. UNDERTAKER Union Furn. Co. (W.H. Horn)
(ADDRESS) Union, Missouri

20. FILED Aug 24, 1935 John B. Marshall
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 20 1935

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

I last saw him alive on 19..... Death is said

to have occurred on the date stated above, at 4:30 P.M.

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

Myocarditis

Date of onset

Other contributory causes of importance

Name of operation none Date of

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) E. L. Worthington coroner - M. D.

(Address) Union Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. MORE SHOULD BE STATED EXACTLY. PHYSICIANS should state

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19 1935

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FEB 20 1945