

SEP 20 1935

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

26126

1. PLACE OF DEATH

County GasconadeRegistration District No. 303Township HerrmannPrimary Registration District No. 4182City Herrmann (No. St. Ward)File No. Registered No.

2. FULL NAME

(a) Residence, No. St. Ward
(Usual place of abode)Length of residence in city or town where death occurred 16 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

white5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)married5A. IF MARRIED, WIDOWED, OR DIVORCED,
HUSBAND OF
(OR) WIFE OFLucy Emro

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

Dec 30-1858

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min. 7680

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Retired Farmer9. 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) 4/19/1611. Total time (years)
spent in this
occupation 50 yrs12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Herrmann Mo

13. NAME

George Emro14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Herrmann

15. MAIDEN NAME

Miskawor16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Herrmann17. INFORMANT
(ADDRESS)Mrs. Loreny Emro
Herrmann Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Bay Presby. Cem DATE Sept 2nd 193519. UNDERTAKER
(ADDRESS)Hugo Blumner
Herrmann Mo

20. FILED

9-21935 Anna K. Richhoff
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 30, 1935

22. I HEREBY CERTIFY, That I attended deceased from

June 24, 1935 to Aug 30, 1935I last saw him alive on Aug 26, 1935 Death is saidto have occurred on the date stated above, at 8:30 P. M.

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

Carcinoma of stomach

Date of onset

unknown

Other contributory causes of importance:

Name of operation Date of What test confirmed diagnosis? Was there an autopsy? Yes

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? NoIf so, specify

(Signed)

W. A. Peter, M.D.

(Address)

Herrmann, 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.

