

700 26 1935

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

Do not use this space.

33052

1. PLACE OF DEATH

County Jasper Registration District No. 408 File No. _____
Township _____ Primary Registration District No. 3020 Registered No. _____
City Carthage Mo. Carthage - Brooks Hospital St. _____ Ward) _____

2. FULL NAME

Harry Menke
(a) Residence, No. Montgomery, Ala. St. _____ Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 6 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) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Edna Menke
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 19, 1890
7. AGE YEARS 44 MONTHS 10 DAYS 9 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sanitary Engineer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. State of Alabama
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) Quincy Illinois

13. NAME J. P. Menke

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

15. MAIDEN NAME _____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____ Ill

17. INFORMANT Mrs. Harry Menke (ADDRESS) Montgomery, Alabama

18. BURIAL, CREMATION, OR REMOVAL PLACE Cemetery DATE Oct. 29, 1935

19. UNDERTAKER Fuller, Mortuary (ADDRESS) Carthage, Mo.

20. FILED Oct. 29, 1935 S. B. Clinton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 28, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct. 23, 1935 to Oct. 28, 1935
I last saw him alive on Oct 28, 1935. Death is said to have occurred on the date stated above, at 9:40 A.m.
The principal cause of death and related causes of importance were as follows:

Intestinal obstruction Date of onset Oct 17, 1935

Other contributory causes of importance _____

acute Intestinal Pilon
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) P. A. Webster M. D.
(Address) Carthage, Mo.

WRITE PLAINLY, WITH UNFADING 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.

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