

NOV 26 1935

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

Do not use this space.

33596

1. PLACE OF DEATH

Pettis

County.....

Registration District No. 668

Township.....

Primary Registration District No. 3032

City..... Sedalia

(No. 9068 Mo.)

File No. 225

Registered No. 668

St. Ward)

2. FULL NAME

C F Michaelis

(a) Residence, No. 9068 Mo. 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-20-35, 19

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs Lily Michaelis;

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1935 to Oct 20, 1935

I last saw him alive on Oct 19th, 1935. Death is said to have occurred on the date stated above, at 4:45A. m.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4--15-1858

7. AGE 77 YEARS 6 MONTHS 5 DAYS If LESS than 1 day, hrs. or min.

Other contributory causes of importance:

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

Cardio-vascular 2
9562

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cole Camp Mo

Soft Hemiplegia - May 1935

13. NAME Henry Michaelis

Name of operation none - Date of

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

What test confirmed diagnosis? Was there an autopsy?

15. MAIDEN NAME Mazy G Holtzen

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no - Date of injury, 19

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

Where did injury occur? none (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT Mrs Henry Kreonke (ADDRESS) Sedalia, Mo

Manner of injury none

18. BURIAL, CREMATION, OR REMOVAL PLACE St Paul Cem. DATE 10-22-35, 19

Nature of injury none

19. UNDERTAKER E L Eickhoff (ADDRESS) Cole Camp Mo

24. Was disease or injury in any way related to occupation of deceased? no

20. FILED 10-20 1935 Jean Slack Registrar.

If so, specify (Signed) J. B. Carls, M. D.

(Address) Sedalia Mo 10/20/35

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.

