

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.

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

Do not use this space.

36533

94

DEC 19 1935

1. PLACE OF DEATH

County Lafayette
Township Lexington
City Lexington

Registration District No. 461Primary Registration District No. 5625

File No.

Registered No.

St. Mo. Ward 12. FULL NAME Charles Fredrick Lichte(a) Residence, No. St. Ward 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. (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 Caroline Hackman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 31, 1858

7. AGE YEARS 77 MONTHS 3 DAYS 7 IF LESS than 1 day, hrs. or min.

OCCUPATION

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. Retired
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

MOTHER FATHER

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Warren Co. Mo.13. NAME Herman Lichte14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany15. MAIDEN NAME Caroline Sundermeyer16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany17. INFORMANT Mrs. Chas. F. Lichte (ADDRESS) Lexington, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Lexington, Mo. DATE Nov. 11, 193519. UNDERTAKER Winkler (ADDRESS) Lexington, Mo.20. FILED Nov-11 1935 Jays Brill Bates Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 9, 1935 .1935

22. I HEREBY CERTIFY, That I attended deceased from Sept. 28 1935 to Nov 9 1935
I last saw him alive on Oct-9 1935 Death is said to have occurred on the date stated above, at 1:55 P.m.

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

Senile Paralytic
Arterio Sclerotic
Cardiac Hypertrophy
Chronic Intestinal
Obstruction

Other contributory causes of importance:

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 , 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?
If so, specify

(Signed) Chas. F. Lichte, M. D.(Address) Lexington, Mo.

CONFIDENTIAL - SECURITY INFORMATION

CONFIDENTIAL - SECURITY INFORMATION