

DEC 19 1935

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

Do not use this space.

36539

1. PLACE OF DEATH

County Lafayette

Township

City Napoleon (No.)Registration District No. 4166Primary Registration District No. 4876

File No.

Registered No. 17

St. Ward)

2. FULL NAME Henry H. Wulfekammer

(a) Residence, No. 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

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 OFEliza Larberg6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 18, 18567. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
79 1 7

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant9. 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

12. BIRTHPLACE (CITY OR TOWN) Schlusersburg Mo.
(STATE OR COUNTRY)13. NAME Fredrick Wulfekammer14. BIRTHPLACE (CITY OR TOWN) Germany
(STATE OR COUNTRY)15. MAIDEN NAME Friederika Holke16. BIRTHPLACE (CITY OR TOWN) Germany
(STATE OR COUNTRY)17. INFORMANT Oscar H. Wulfekammer
(ADDRESS) Wellington, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Napoleon, Mo. DATE Nov. 27, 193519. UNDERTAKER Winkler
(ADDRESS) Lexington, Mo.20. FILED 19 17

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 28, 193522. I HEREBY CERTIFY, That I attended deceased from Nov 1st, 1934, to Nov 25th, 1935I last saw him alive on Nov 1st, 1935 Death is saidto have occurred on the date stated above, at 4:00 P.M.

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

Angina Pectoris
& Arterio Sclerosis

Date of onset 12/15/34
bleeding

Other contributory causes of importance:

AKO

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.

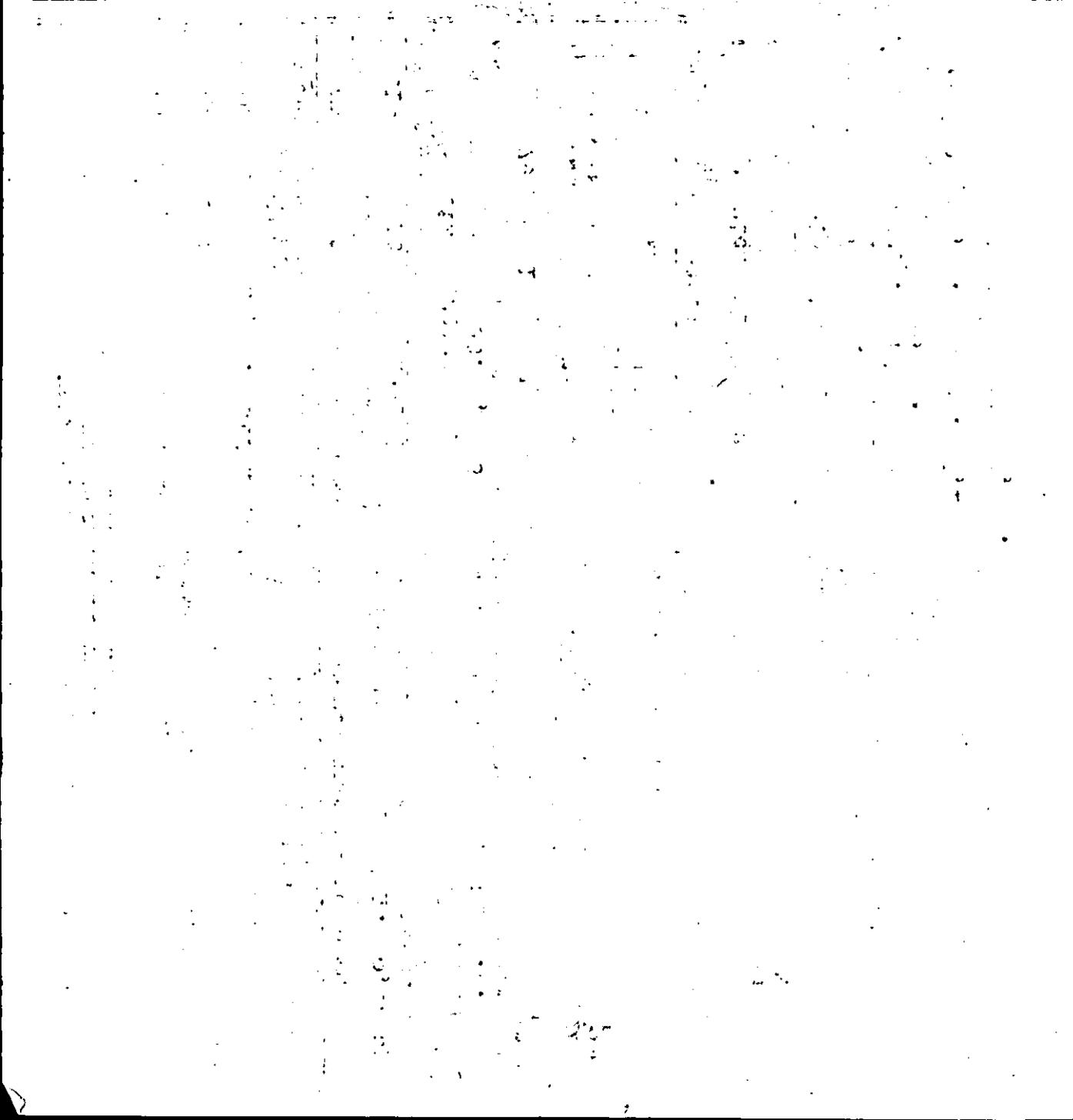
Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) F.M. M..., M. D.(Address) Wellington Mo



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1. PLACE OF DEATH

County Lafayette Registration District No. 466 File No. _____
 Townshp _____ Primary Registration District No. 4276 Registered No. 17
 City Napoleon (No. _____) St. _____ Ward _____

2. FULL NAME

Henry H. Mulfekammer
 (a) Residence, No. _____ 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

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
79 1 7

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
 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) (STATE OR COUNTRY) _____

FATHER
 13. NAME _____

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

MOTHER
 15. MAIDEN NAME _____

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

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL
 PLACE _____ DATE _____ 19 _____

19. UNDERTAKER (ADDRESS) _____

20. FILED Nov 26 1935 F. M. Mann Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 25 1935

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
 I last saw h _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:

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) F. M. Mann, M. D.
 (Address) Wellington

S-36539