

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

Do not use this space.

JAN 21 1936

40818

**1. PLACE OF DEATH**

County St. Francois

Registration District No. 773

Township St. Francois

Primary Registration District No. 6018A

Near Farmington, Mo. (No. 11)

File No. \_\_\_\_\_  
 Registered No. 177  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** August Thofern

(a) Residence, No. Union, 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**

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 4, 1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
65 4 22

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None  
 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) Missouri

13. NAME Henry Thofern

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

15. MAIDEN NAME Virginia Schitacker

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penso France

17. INFORMANT Hospital Records (ADDRESS) Farmington, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Berger Mo. DATE 12-28 1935

19. UNDERTAKER Paul H. Blumberg (ADDRESS) Berger Mo.

20. FILED Dec 27, 1935 T. J. Robinson Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-26 1935

22. I HEREBY CERTIFY, That I attended deceased from 3-6 1935, to 12-26 1935

I last saw him alive on 12-25 1935. Death is said to have occurred on the date stated above, at 5:25 a.m.

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

Broncho Pneumonia Date of onset ?

Other contributory causes of importance:

Generalized Arterio-sclerosis  
Chronic Bronchitis  
Mental deficiency (Idiot)

Name of operation \_\_\_\_\_ 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 \_\_\_\_\_ 1935

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) P. J. Sain M. D.

(Address) 44 Farmington 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.

This patient has at all times since from extremely  
contending, would get much disturbed at any attempt to examine  
him, shaking & protesting to determine in justifying  
his numerous delusions, as he has for some weeks had  
a bronchitis and some lung trouble near

P.T.V.