

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

Do not use this space.

504

FEB 18 1936

1. PLACE OF DEATH

County Parroll
Township Hokenda
City (No. _____) _____

Registration District No. 135
Primary Registration District No. 5193

File No. _____
Registered No. 13
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-15-1936

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Minnie K. Hallenmer

22. I HEREBY CERTIFY, That I attended deceased from 6-6-1935 to 1-15-1936
I last saw him alive on 1-12-1936 Death is said to have occurred on the date stated above, at 9 A. m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-7-1870

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

7. AGE YEARS 66 MONTHS - DAYS 8 If LESS than 1 day, _____ hrs. or _____ min.

Carcinoma of Stomach Date of onset _____

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. _____

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

Other contributory causes of importance: NO

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Charles MO

13. NAME Casper Hallenmer

Name of operation _____ Date of _____

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

What test confirmed diagnosis? _____ Was there an autopsy? _____

15. MAIDEN NAME Unknown

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.

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

17. INFORMANT (ADDRESS) Mrs Minnie Hallenmer Carleton MO

Manner of injury _____ Nature of injury _____

18. BURIAL, CREMATION, OR REMONAL PLACE Oak Hill Cem DATE 1-18-36

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

19. UNDERTAKER (ADDRESS) Willis Finnerd Home Carleton MO

(Signed) A. B. Drower M. D.
(Address) Carleton, MO

20. FILED 1-17 1936 J. H. Heskings Registrar

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

