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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

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

FEB 18 1936

Do not use this space.

853

1. PLACE OF DEATH

County: Franklin — Registration District No.: 296 — File No.:

Township: Union — Primary Registration District No.: 5413 — Registered No.:

City: ~~Country~~ (No. , St. Ward)

2. FULL NAME: William Joseph Temme

(a) Residence, No.: Union Twp St., Ward. (If nonresident, give city or town and State)
(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.

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: Never married

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 5th-1876

7. AGE — Years: 59 — Months: 8 — Days: 19 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: & Farming

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): St Louis Mo

FATHER

13. NAME: Herman Temme

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

MOTHER

15. MAIDEN NAME: Lena Strothkamp

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pacific Mo

17. INFORMANT (ADDRESS): Charles Temme, Washington Mo

18. BURIAL, CREMATION, OR REMOVAL — PLACE: St. Peters Cem. DATE: 19

19. UNDERTAKER (ADDRESS): Otto & Co By Hy W Otto, Washington Mo

20. FILED 2/5/ 1936 John R. Marshall Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan. 24 — 1936

22. I HEREBY CERTIFY: That I attended deceased from June 21 — 1935, to Jan. 24 — 1936

I last saw him alive on Dec. 9 — 1935. Death is said to have occurred on the date stated above, at 11 P. m.

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

Chronic Endocarditis — Date of onset unknown

Other contributory causes of importance: Edema of lungs and general Nephritis. — unknown

Name of operation: None — 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: ✓, 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? NO

If so, specify

(Signed) H. A. May, M. D.

(Address) Washington, Mo.