

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

Do not use this space.

FEB 20 1936

2286

1. PLACE OF DEATH

County New Madrid
Township Cross
City..... (No..... St..... Ward)

Registration District No. 605
Primary Registration District No. 4557

File No.....
Registered No.....

2. FULL NAME Harm Hinrichs

(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 Mrs. Anna Hinrichs

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 14, 1873

7. AGE YEARS 62 MONTHS 09 DAYS 14 If LESS than 1 day, hrs. or min.

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.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill

13. NAME H. H. Hinrichs

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

15. MAIDEN NAME Jennie Ommen

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

17. INFORMANT Mrs. Anna Hinrichs (ADDRESS) Cross, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Walden DATE Jan 16, 1936

19. UNDERTAKER T. C. Knight (ADDRESS) Paris, Mo

20. FILED 1-15, 1936 Dr. Geo. Huusted Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-15, 1936

22. I HEREBY CERTIFY That I attended deceased from Jan 9, 1936 to Jan 15, 1936

I last saw him alive on Jan 15, 1936. 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:

Lobar Pneumonia Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....
What test confirmed diagnosis Chemical 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?..... If so, specify.....

(Signed) Geo. Huusted, M. D.

(Address) Parma, Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

