FEB 20 1936

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

Do not use this space.

2592

1. PLACE OF DEATH
County Randolph
Township Moberly
City (No. ..... St. ..... Ward)
Registration District No. 735
Primary Registration District No. 3034
File No. .....
Registered No. 2

2. FULL NAME John Nethe Sr.
(a) Residence, No. 1123 Franklin 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) Widower
5A. IF MARRIED, WIDOWED, ~~OR DIVORCED~~ HUSBAND OF ~~(OR) WIFE OF~~ Mary Nethe
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 26 1848
7. AGE YEARS 87 MONTHS 7 DAYS 5 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Car Repairer
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) Germany

FATHER
13. NAME John Nethe
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Dorothy Kroon
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Mrs W. P. Vandeveer Moberly Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Oakland Cem. DATE Jan 3 1936
19. UNDERTAKER (ADDRESS) Reaverton Inc. Moberly, Mo.
20. FILED 1/3 1936 Virginia Walker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 1 — 1936
22. I HEREBY CERTIFY, That I attended deceased from Dec. 21 — 1935, to Jan 1 — 1936
I last saw him alive on Dec. 27 1935. Death is said to have occurred on the date stated above, at 7 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Shock, following fracture to right hip	Dec. 21/35

Other contributory causes of importance:

Name of operation Cast applied Date of 12/21/35
What test confirmed diagnosis? Clinical Prog. Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accident Date of injury 12/21, 1935
Where did injury occur? Moberly Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. In home.
Manner of injury Fell from a chair.
Nature of injury Fractured right hip.
24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify
(Signed) L. E. Huber, M. D.
(Address) Moberly 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.

100M-11-24-33