MAR 18 1936

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

Do not use this space.

5379

1. PLACE OF DEATH

County Franklin — Registration District No. 297 — File No.

Township — Primary Registration District No. 3016 — Registered No. 19

City Washington, Mo. (No. , St. Ward)

2. FULL NAME Ludwig John Esslinger

(a) Residence, No. W. Front St., Washington, 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 50 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ HUSBAND OF ~~(OR) WIFE OF~~ Veronica Mueller Esslinger

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 23rd, 1858

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	78	4	0	

OCCUPATION

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

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

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 Ludwig John Esslinger

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known Germany

MOTHER

15. MAIDEN NAME Mary Ling

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known Germany

17. INFORMANT (ADDRESS) Louis Esslinger Washington, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Washington, Mo. DATE Feb. 27, 1936

19. UNDERTAKER (ADDRESS) Otto & Co., Washington, Mo.

20. FILED Feb. 25 1936 H. A. May Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 23 - 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 1 1936, to Feb 23 - 1936

I last saw him alive on Feb. 23 1936 Death is said to have occurred on the date stated above, at 9:00 P.m.

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

	Date of onset
Chronic Myocarditis	Don't know
93 C	

Other contributory causes of importance:

Don't know	Don't know

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) R. R. Cutler, M. D.

(Address) Washington 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.