

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

Do not use this space.

APR 17 1936

10075

1. PLACE OF DEATH

County Franklin
Township Union
City _____ (No. _____)

Registration District No. 296

Primary Registration District No. 4180 5413

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

2. FULL NAME

Clemens C Voss

(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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 8, 1848</u>		
7. AGE <u>88</u> YEARS	MONTHS <u>0</u>	DAYS <u>1</u>
If LESS than 1 day, _____ hrs. or _____ min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	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 _____
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Herman Mo.</u>	
	13. NAME <u>Frank Voss</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
MOTHER	15. MARRIED NAME <u>Catherine Hustermann</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
17. INFORMANT (ADDRESS) <u>Joseph A Mueller Union Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>St. Joe Cath Cmt.</u> DATE <u>March 11, 1936</u>		
19. UNDERTAKER (ADDRESS) <u>C. H. Terrence Beaufort Mo.</u>		
20. FILED <u>4-8</u> 1936 <u>J. R. Marshall</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 9 1936

22. I HEREBY CERTIFY, that I attended deceased from Feb 20 1936 to Mar 9 1936
I last saw him alive on Mar 6 1936 Death is said to have occurred on the date stated above, at 7:30 A.M.
The principal cause of death and related causes of importance were as follows:
Bronchial Pneumonia 2/1/36
107.25
Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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) J. L. Matthews M. D.
(Address) Beaufort, Mo

