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.

APR 17 1936

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

Do not use this space.

10090

1. PLACE OF DEATH

County: Gasconade — Registration District No.: 303 — File No.:

Township: Roark — Primary Registration District No.: 5420 — Registered No.:

City: (No. , St. Ward)

2. FULL NAME: Theodore Heinrich Rath

(a) Residence, No.: Little Berger, Mo. 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? 24 yrs. 11 mos. 24 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. COLOR OR RACE: white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Dorothea Grage Rath

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 9, 1873

7. AGE: YEARS 62 yrs — MONTHS 4 — DAYS 22 — If LESS than 1 day, hrs. or min.

OCCUPATION

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.: Farm

10. Date deceased last worked at this occupation (month and year): March, 1936

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Posfelt, Schleswig-Holstein, Germany

FATHER

13. NAME: Claus Rath

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Posfelt, Schleswig-Holstein, Germany

MOTHER

15. MAIDEN NAME: Elizabeth Janzen

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Posfelt, Schleswig-Holstein

17. INFORMANT (ADDRESS): Mrs. Theodore Rath, Little Berger, Mo.

18. BURIAL, CREMATION, OR REMOVAL — PLACE: Hermann City Cem. DATE: 4/3/36, 19

19. UNDERTAKER (ADDRESS): Hugo Bhemer, Hermann, Mo.

20. FILED: 4-3, 1936 — Anna L. Rickhoff, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 3/31, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 17, 1936 to March 31, 1936. I last saw h. alive on March 29, 1936. Death is said to have occurred on the date stated above, at 2:30 m. The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral thrombosis	3/17/36
9321	
Other contributory causes of importance:	
Auricular fibrillation	1932
Myocarditis	1932

Name of operation: none — Date of: —
What test confirmed diagnosis? — Was there an autopsy? —

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) Paul J. Schroder, M. D.
(Address) 312 Market St. Hermann, Mo.