

MAY 15 1936

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

Do not use this space.

13974

1. PLACE OF DEATH

County Barry Registration District No. 35
Township Pleasant Ridge Primary Registration District No. 5043
City Verona (No. R.F.D. # 1 St. _____ Ward _____)

File No. _____

Registered No. _____

2. FULL NAME Paul Probstfeld(a) Residence, No. R.F.D. # 1 Verona 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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Christina6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 16-18767. AGE YEARS 59 MONTHS 3 DAYS 20 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) Verona (STATE OR COUNTRY) Missouri13. NAME Paul Probstfeld14. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY)15. MAIDEN NAME Caroline Kuntz16. BIRTHPLACE (CITY OR TOWN) Wisconsin (STATE OR COUNTRY)17. INFORMANT Mrs Christina Probstfeld (ADDRESS) Verona Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Verona Mo. DATE April 8 193619. UNDERTAKER King Funeral Home (ADDRESS) Aurora Mo.20. FILED 4/12 1936 J. J. Pinner Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 5 193622. I HEREBY CERTIFY, That I attended deceased from April 5, 1936 to April 5, 1936I last saw him live on April 5, 1936. Death is said to have occurred on the date stated above, at 3:30 P.M.

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

Carcinoma of the
stomach and adjacent
organs

Other contributory causes of importance _____

Name of operation _____ Date of _____
What was the cause of death? _____ 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 _____, 1936

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) J. J. Pinner, M. D.(Address) Verona 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.

ms
J. E. Pennington
Newman

1890
JAN 12