

MAY 20 1936

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

Do not use this space.

14746

1. PLACE OF DEATH

County Franklin

Registration District No. 297

Township _____

Primary Registration District No. 3016

City Washington

(No. St. Francis Hospital)

File No. _____

Registered No. 38

St. _____ Ward _____

2. FULL NAME Fred Naehn

(a) Residence, No. Catawissa, Mo. St. _____ Ward _____

Catawissa, Mo.

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 1 yrs. 5 mos. 5 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) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept-24-1869

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 68 7 1

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) Mar. 1936 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

13. NAME John M Naehn

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Opalma Brown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

17. INFORMANT (ADDRESS) Fred Naehn
Catawissa

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Francis Hospital DATE Apr. 26, 1936

19. UNDERTAKER (ADDRESS) Thibbs & Son
Pacific Mo.

20. FILED Apr 25-1936 N.A. Way
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 25, 1936

22. I HEREBY CERTIFY, That I attended deceased from Apr. 18, 1936, to Apr. 25, 1936

I last saw him alive on Apr. 24, 1936 Death is said to have occurred on the date stated above, at 8:45 P.M.

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

Lobar pneumonia
108

Date of onset

Other contributory causes of importance:

none

Name of operation _____ 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) D. E. Williams, M. D.

(Address) Union 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.

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