

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.

MAY 22 1936

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

Do not use this space.

Do not use this space.

15974

1. PLACE OF DEATH

County Macou  
Township  
City Macou (No. ....)

Registration District No. 033  
Primary Registration District No. 3027

File No. ....  
Registered No. 52  
St. .... Ward

2. FULL NAME

Peter Jochims

(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 30 - 18 44

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .... hrs. or .... min.  
91 8 13

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

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) (STATE OR COUNTRY) Schnyabsteidt Germany

MOTHER FATHER 13. NAME Claus Jochims

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

15. MAIDEN NAME Don't know

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

17. INFORMANT E O Jochims (ADDRESS) Macou Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Oakwood Cemetery DATE Apr 15 1936

19. UNDERTAKER Adolf Skermer (ADDRESS) Macou Mo

20. FILED 4/27 1936 Leola Newton Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 13 1936

22. I HEREBY CERTIFY that I attended deceased from April 8, 1936 to April 13, 1936

I last saw him alive on April 13, 1936 Death is said to have occurred on the date stated above, at 5:30 P m.

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

Influenza 12/4/35  
broncho-pneumonia  
Date of onset 4-5 1936

Other contributory causes of importance:  
Cardio-vascular  
Renal disease  
154 or more

Name of operation Clinical 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) J J Honoway M. D.  
(Address) Macou Mo

