

MAY 14 1936

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

Do not use this space.

15989

1. PLACE OF DEATH

County Madison
Township
City Fredericktown

Registration District No. 5-38
Primary Registration District No. 3028

File No.
Registered No. 34
St. Ward)

2. FULL NAME

Edward amael Genthon

(a) Residence, No. St. Ward.
(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? yrs. mos. ds. (If nonresident, give city or town and State)

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>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Hattie (Bond) Genthon</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 15 - 1895</u>		
7. AGE YEARS <u>40</u>	MONTHS <u>8</u>	DAYS <u>28</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>		11. Total time (years) spent in this occupation
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)		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 12 1936

22. I HEREBY CERTIFY that I attended deceased from March 30 1936 to April 12 1936

I last saw him alive on April 11 1936. Death is said to have occurred on the date stated above, at 12:45 AM

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

Myocardial Failure
Mitral Stenosis
Hydrothorax
Cholecystitis

Other contributory causes of importance:
Influenza
Inflammatory Rheumatism

Date of onset
4/12/36
4/4/36
Dec. 1935

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
 Phelps County Mo

13. NAME Frank Genthon

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

15. MAIDEN NAME Hortense Perrot

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
St Louis Mo

17. INFORMANT (ADDRESS)
Mrs Hattie Genthon Fredericktown Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Fredericktown Mo DATE 4/4/36

19. UNDERTAKER (ADDRESS)
Ed. H. Webb Fredericktown Mo

20. FILED Apr 14 1936 S. C. Slaughter Registrar

Name of operation Date of

What test confirmed diagnosis: Phy Exam Was there an autopsy? no

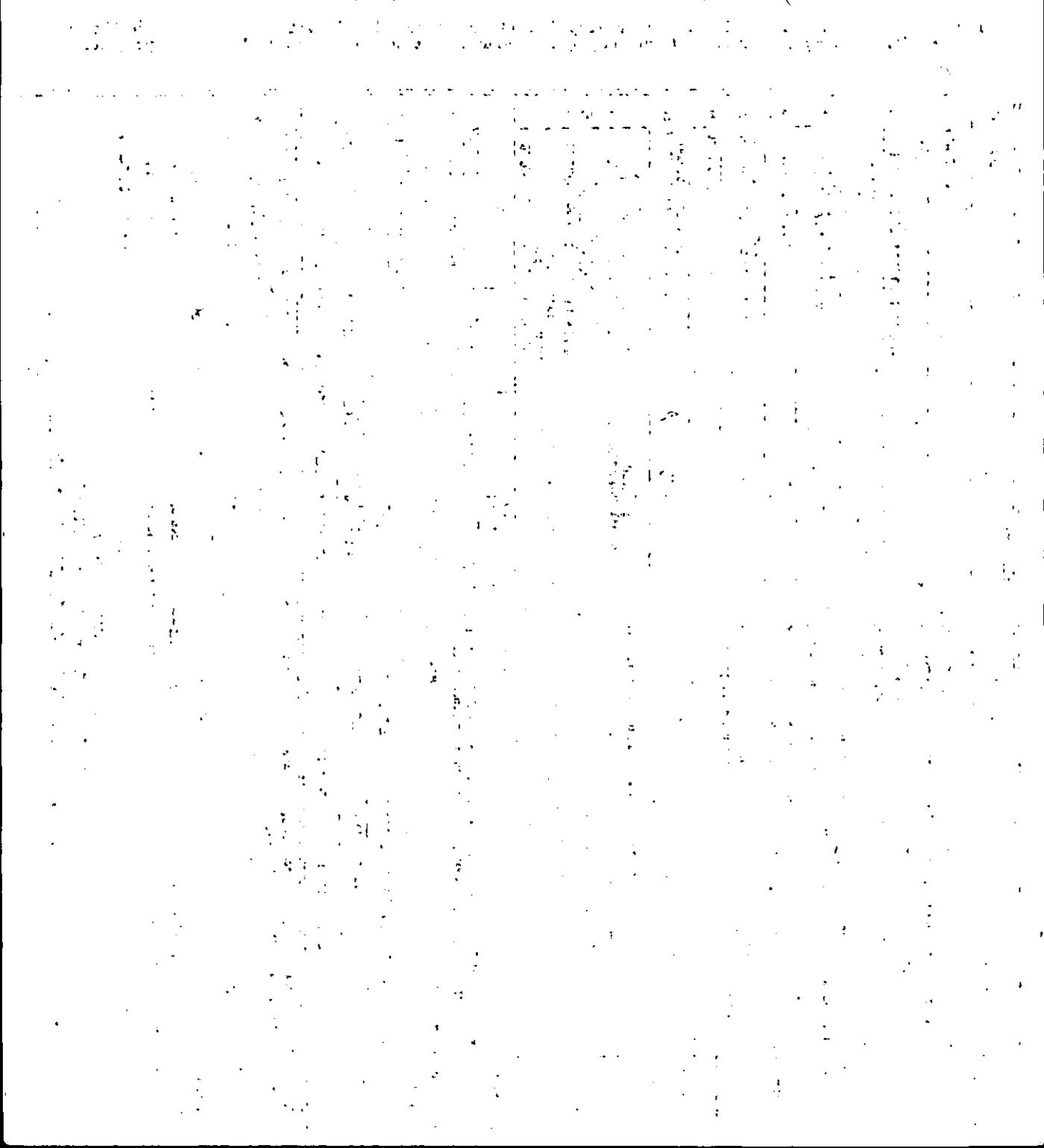
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

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. Gorder D.O.
(Address) Fredericktown, Mo.

Pay C. A. Slaughter

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.



**MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH**

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1. PLACE OF DEATH

County Madison Registration District No. 538 File No. _____
 Township _____ Primary Registration District No. 362E Registered No. 34
 City Fredericktown (No. _____) St. _____ Ward _____

2. FULL NAME

Edward Emil Genthon

(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 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 Hattie Genthon

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 28 - 1895

7. AGE YEARS MONTHS DAYS 40 8 28 LESS than 1 day, _____ hrs. or _____ min.

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

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) Phelps County Mo.

13. NAME Frank Genthon

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

15. MAIDEN NAME Hortense Perrot

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

17. INFORMANT Mrs. Hattie Genthon

(ADDRESS) Fredericktown Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Fredericktown Mo. 4/14 1936

19. UNDERTAKER E. H. Webb

(ADDRESS) Fredericktown Mo.

20. FILED Apr 14 1936 S. C. Blount Registrar.

MEDICAL CERTIFICATE OF DEATH

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22. I HEREBY CERTIFY that I attended deceased from March 30 1936 to April 12 1936

I last saw him alive on April 11 1936. Death is said

to have occurred on the date stated above, at 12:45 P.M.

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

Myocardial Failure
mitral stenosis
Hydrothorax
Cholecystitis

Other contributory causes of importance _____

Influenza
Inflammatory Rheumatism

Name of Physician _____ Date of _____
 What test confirmed diagnosis? Phy. Exam. 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. Gerdes J.O. Mr.-Dr.
 (Address) Fredericktown, Mo.

Date of entry 7/12/36
7/4/36
Dec. 1935

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.

M. C. Schwaner

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