

MAY 22 1936

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

Do not use this space.

16086

1. PLACE OF DEATH

County *Jacinto*
Monticello
Township *...*
City *...* (No. *...*)

Registration District No. *574*
Primary Registration District No. *5772a*

File No. *1936*
Registered No. *15* Ward

2. FULL NAME

Adam Hoellerich

(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 <i>Male</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Widowed</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Barbara Hoellerich</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>April 4 - 17 - 1860</i>		
7. AGE	YEARS <i>75</i>	MONTHS <i>11</i>
	DAYS <i>15</i>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Farmers</i>	
	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) *Germany*
(STATE OR COUNTRY)

FATHER 13. NAME *John Hoellerich*

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

MOTHER 15. MAIDEN NAME *Unknown*

16. BIRTHPLACE (CITY OR TOWN) *Unknown*
(STATE OR COUNTRY)

17. INFORMANT (ADDRESS) *August Hoellerich*

18. BURIAL, CREMATION, OR REMOVAL
PLACE *Germany* DATE *April 3, 1936*

19. UNDERTAKER (ADDRESS) *Charles Fullin*

20. FILED *April 3, 1936* *Ellie Burke*
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *4 - 2, 1936*

22. HEREBY CERTIFY, That I attended deceased from *Sept 10, 1935* to *4 - 2, 1936*

I last saw him alive on *4 - 6, 1936* Death is said to have occurred on the date stated above, at *4 P.M.*

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

Chr Valvular Disease of Heart

Other contributory causes of importance: *92a*

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?

If so, specify *...*

(Signed) *A. L. Meredith* M. D.

(Address) *Frank ...*

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.

RECORD

