

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.

JUN 20 1936

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

Do not use this space.

19036

## 1. PLACE OF DEATH

County FranklinRegistration District No. 292Township BearPrimary Registration District No. 5410City Berger RFD #2

St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

(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 71 yrs. 4 mos. 22 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

|                                                                                 |                                  |                                                                             |
|---------------------------------------------------------------------------------|----------------------------------|-----------------------------------------------------------------------------|
| 3. SEX<br><u>MALE</u>                                                           | 4. COLOR OR RACE<br><u>WHITE</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>Married</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Louisa Vohs</u> |                                  |                                                                             |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 25 - 1864</u>                    |                                  |                                                                             |
| 7. AGE<br><u>71</u>                                                             | YEARS<br><u>4</u>                | MONTHS<br><u>22</u>                                                         |
| If LESS than 1 day, _____ hrs. or _____ min.                                    |                                  |                                                                             |

|                                                               |                                                                                                              |
|---------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|
| OCCUPATION                                                    | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.<br><u>Farmer</u> |
|                                                               | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.<br><u>Farmer</u>          |
|                                                               | 10. Date deceased last worked at this occupation (month and year) <u>Jan 1936</u>                            |
| 11. Total time (years) spent in this occupation <u>50 yrs</u> |                                                                                                              |

|                                                                          |
|--------------------------------------------------------------------------|
| 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)<br><u>Berger Mo RFD</u> |
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|                                 |
|---------------------------------|
| 13. NAME<br><u>William Vohs</u> |
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|--------------------------------------------------------------------|
| 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)<br><u>Germany</u> |
|--------------------------------------------------------------------|

|                                        |
|----------------------------------------|
| 15. MAIDEN NAME<br><u>Minnie Meyer</u> |
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|--------------------------------------------------------------------|
| 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)<br><u>Germany</u> |
|--------------------------------------------------------------------|

|                                                                           |
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| 17. INFORMANT (ADDRESS)<br><u>Mrs Louisa Vohs</u><br><u>Berger Mo RFD</u> |
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| 18. BURIAL, CREMATION, OR REMOVAL<br>PLACE <u>Vohs Cemetery</u> DATE <u>May 20 1936</u> |
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|------------------------------------------------------------------------|
| 19. UNDERTAKER (ADDRESS)<br><u>Norman Blumberg</u><br><u>Berger Mo</u> |
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| 20. FILED <u>May 19 1936</u> <u>Jeffie Gramma</u><br>Registrar |
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## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 17<sup>th</sup> 1936

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_

I last saw him alive on about, 19\_\_\_\_. Death is saidto have occurred on the date stated above, at 8:30 A.m.

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

Suicide By hanging  
him self  
165

Other contributory causes of importance:

mentally deranged for  
several months

Name of operation none 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? Suicide 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) E. L. Worthington M. D.(Address) Union Mo.

