

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.

19096

## 1. PLACE OF DEATH

County Des MoinesRegistration District No. 306Township CanaanPrimary Registration District No. 4184City Owensville

(No. ....)

St. ....

Ward) .....

## 2. FULL NAME

Rudolph William Dehn

(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 OFAvelena Dehn

## 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

August 30, 1860

## 7. AGE

YEARS

MONTHS

DAYS

If LESS than 1  
day, ..... hrs.  
or ..... min.75815

## OCCUPATION

8. Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc.Retired Farmer9. 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  
occupation12. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)Girmine  
Germany

## FATHER

## 13. NAME

John Dehn14. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)Germany

## MOTHER

## 15. MAIDEN NAME

Henrietta Magchencke16. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)Germany

## 17. INFORMANT

(ADDRESS)

Mrs. Leola Fister,  
Owensville, Mo.

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE

St. Peters Evangelical Church May 17, 1936

## 19. UNDERTAKER

(ADDRESS)

H. I. Lattenströter,  
Owensville, Mo.

## 20. FILED

May 20, 1936J. J. Ferrell,  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 15, 1936

22. I HEREBY CERTIFY, That I attended deceased from

8-16-1935 to 5-15-1936I last saw him alive on 6-15-1936 Death is saidto have occurred on the date stated above, at 2:30 p. m.

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

High Blood Pressure

Date of onset

Other contributory causes of importance:

Vascular Lesions

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

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) Edw. Mellie, M. D.(Address) Owensville, Mo.

