

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 22 1936

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

Do not use this space.

19097

1. PLACE OF DEATH

County *Gasconade*Registration District No. *306*Township *Linn*Primary Registration District No. *4184*City *Owensville*

(No.)

St.

Ward)

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

St.

Ward.

(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*Clara Dieckgrafe*

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

October 7, 1872

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.*63**7**12*

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.*Retired Farmer.*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
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)*Maellam,
Missouri.*

FATHER

13. NAME

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

MOTHER

15. MAIDEN NAME

*Katherine Niebruegge*16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)*Germany*17. INFORMANT
(ADDRESS)*Mrs. Clara Dieckgrafe,
Owensville, Mo.*

18. BURIAL, CREMATION, OR REMOVAL

*Placed in St. Peter's Evangelical Cemetery May 22, 1936*19. UNDERTAKER
(ADDRESS)*H. L. Gottenstrater,
Owensville, Mo.*

20. FILED

*6-10*19 *36**J. J. Ferrell*

Registrar

MEDICAL CERTIFICATE OF DEATH

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

*May 19, 1936*22. I HEREBY CERTIFY, That I attended deceased from
Mar 2, 193*6*, to *May 19*, 193*6*I last saw him alive on *May 19*, 193*6*. 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:

Date of onset

*Chronic myocarditis with
cardiac decompensation**about
1934*

Other contributory causes of importance:

*Phlebitis
Chronic Nephritis**5-17-36
1936*

Name of operation

Date of

What test confirmed diagnosis? *Chronic* 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) *C. E. Jump*

M. D.

(Address) *Owensville, Mo*

