

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

Do not use this space.

JUN 25 1936

20358

1. PLACE OF DEATH

County Like  
Township Buffalo  
City Buffalo (No.       )

Registration District No. 689  
Primary Registration District No. 5917

File No.         
Registered No.        St.        Ward       

2. FULL NAME

(a) Residence, No. R 3 D 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? 46 yrs. ✓ mos. ✓ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 18-1843  
7. AGE YEARS 92 MONTHS 10 DAYS 9 If LESS than 1 day,        hrs. or        min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General Farming  
10. Date deceased last worked at this occupation (month and year) Aug 1924 11. Total time (years) spent in this occupation 31

12. BIRTHPLACE (CITY OR TOWN) Budzing (STATE OR COUNTRY) Germany

13. NAME August Abraham

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

15. MAIDEN NAME unknown

16. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY) Germany

17. INFORMANT Mata Gobble (ADDRESS) 9100 E. 1st

18. BURIAL, CREMATION, OR REMOVAL Reverend DATE May 29 36

19. UNDERTAKER H. J. Willis (ADDRESS) Wilder St.

20. FILED 5/28 36 J. H. Haly Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/27 1936

22. I HEREBY CERTIFY, That I attended deceased from 5/24/36, 1936, to 5/27, 1936.  
I last saw him alive on 5/27/36, 1936. Death is said to have occurred on the date stated above, at 5:30 p.m.  
The principal cause of death and related causes of importance were as follows:

Renia about 5/23/36  
Other contributory causes of importance:  
Arterio-Sclerosis  
Chronic Nephritis  
Senility

Name of operation no 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?        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 B.L. Andreas M.D.  
(Signed)        M. D.  
(Address) Sainsana, Mo

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