JUL 18 1936

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

Do not use this space.

22411

1. PLACE OF DEATH
County Cooper — Registration District No. 222 — File No. 11
Township Pilot Grove — Primary Registration District No. 4135 — Registered No.
near City Pilot Grove (No. ..... St. ..... Ward)

2. FULL NAME Joseph Vollmer.
(a) Residence No. ..... St. ..... Ward. .....
(Usual place of abode) Pilot Grove mo. (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 30 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 Elizabeth Vollmer
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec-27-1867.
7. AGE YEARS 68 MONTHS 5 DAYS 23 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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. —
10. Date deceased last worked at this occupation (month and year) Dec 15-1935
11. Total time (years) spent in this occupation 45

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pilot Grove Missouri

FATHER
13. NAME Leo Vollmer.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Germany.

MOTHER
15. MAIDEN NAME Theresa Kuedgen
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Germany

17. INFORMANT (ADDRESS) Mrs. Joseph Vollmer, Pilot Grove, Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE St Joseph Cem DATE 6-27-36
19. UNDERTAKER (ADDRESS) Hays & Stoechlen Pilot Grove, Mo
20. FILED 6/22, 1936 Mrs. E. B. McCutcheon Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-20-, 1936
22. I HEREBY CERTIFY, That I attended deceased from 4-24-36, 19..., to 6-20-36, 19...
I last saw him alive on 6-19-, 1936. Death is said to have occurred on the date stated above, at 10 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	1930

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Other contributory causes of importance:

Name of operation Gastrointerostomy Date of 5-2-36
What test confirmed diagnosis? ..... 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) J. O. Boley, M. D.
(Address) Pilot Grove, Mo.

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.