

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

Do not use this space.

27239

1. PLACE OF DEATH

County Frederick
 Township Monroe
 City..... (No. St. Ward)

Registration District No. 492
 Primary Registration District No. 5-65-2 A

File No. 298
 Registered No.

2. FULL NAME August H. Freese

(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 OF Carrie Freese

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 11 1869

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
67 4 29

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) Oct. 1935 11. Total time (years) spent in this occupation. life

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

13. NAME John Stephen Freese

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

15. MAIDEN NAME Catherine Guermann

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

17. INFORMANT (ADDRESS) Theodore Freese
211 Monroe St. R. 710

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Pauls Evangelical Church DATE Aug 2, 1936

19. UNDERTAKER (ADDRESS) David L. Forbush
Manfield, Mo.

20. FILED 8/11/36 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 31 1936

22. I HEREBY CERTIFY, That I attended deceased from October 1, 1935, to July 31, 1936
 I last saw him alive on June 27, 1936 Death is said to have occurred on the day stated above, at m.

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

Cerebral apoplexy Date of onset July 11

Other contributory causes of importance: Hypertension, Paralysis of Rt. side (limbs & face) of 8 months duration due to previous apoplexy

Name of operation Date of
 What test confirmed diagnosis? Physical Examination Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury no, 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

(Signed) S. J. Alvert, M. D.

(Address) Manfield, 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. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

