

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

Do not use this space.

AUG 28 1936

29480

1. PLACE OF DEATH

County Schuyler
Township _____
City Lancaster (No. _____)

Registration District No. 805
Primary Registration District No. 4484

File No. 78
Registered No. _____
St. _____ Ward _____

2. FULL NAME Chas. Wirth Sr.

(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** widowed
(write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 7 - 1842

7. AGE YEARS 93 MONTHS 9 DAYS 18
If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Lumber man
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stettin Germany

10. NAME OF FATHER Michael Wirth

11' BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Anna

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

14. INFORMANT (Address) Harry Wirth Lancaster, Mo.

15. FILED Aug 16 1936 Byrdie M. Drake REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 25, 1936

17. I HEREBY CERTIFY, That I attended deceased from July 24th 1936, to July 25th 1936, that I last saw him alive on July 25th 1936 and that death occurred, on the date stated above, at 5 hrs. 5 min. A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocardial weakness with Senility
93 ds 1
ill (duration) yrs. mos. 9 ds.

CONTRIBUTORY (SECONDARY) Heat exhaustion
(duration) yrs. mos. 0 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH..... DATE OF No.

WAS THERE AN AUTOPSY No.

WHAT TEST CONFIRMED DIAGNOSIS? Physical examination
(Signed) Ida M. Moulton, M. D.

July 26 1936 (Address) Lancaster, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Burlington, Iowa **DATE OF BURIAL** July 27 1936

20. UNDERTAKER John A. Roberts
ADDRESS Mo.

K. 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

