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.

SEP 16 1936

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

Do not use this space.

29722

1. PLACE OF DEATH

County: Adair — Registration District No.: 4 — File No.:

Township: — Primary Registration District No.: 3001 — Registered No.: 183

City: Kirksville (No. Grim-Smith Hospital St. Ward)

2. FULL NAME Martin Pamperl

(a) Residence, No. St., Ward. Bucklin, Missouri
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 21 ds. How long in U. S., if of foreign birth? 55 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): November 13, 1874

7. AGE: YEARS 62 — MONTHS 8 — 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.: Farm
10. Date deceased last worked at this occupation (month and year): July 1936
11. Total time (years) spent in this occupation: Life

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

FATHER

13. NAME: John Pamperl
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER

15. MAIDEN NAME: Tracy Sturz
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Brother Frank Pamperl, New Boston

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Bethel DATE: August 7, 1936

19. UNDERTAKER (ADDRESS): W. H. McCollum & Sons, South Gifford

20. FILED: Aug 12, 1936 Spencer Freeman, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 8/5, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 14, 1936, to Aug 5, 1936
I last saw him alive on Aug 5, 1936 Death is said to have occurred on the date stated above, at 6:50 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis, chronic	7/14/36

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Other contributory causes of importance:

Prostatic hypertrophy	1934
Parotitis (left) acute	8/1/36

Name of operation: Date of:
What test confirmed diagnosis? NPN 150 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. J. Kemp, M. D.
(Address) Kirksville, Missouri