SEP 21 1936

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No. 29996

Township — Primary Registration District No. 1001 — Registered No. 1101

City St.Joseph, (No. Missouri Methodist Hospital St. Ward)

2. FULL NAME Franklin E.Wuerth

(a) Residence, No. 1023 No.2nd.St. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 37 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: Matilda K.Wuerth

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July,5,1878

7. AGE: YEARS 58 — MONTHS 1 — DAYS 18 — If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Insurance Agent
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) Aug,22,1926
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Holton, Kansas

FATHER

13. NAME: Rev.John Wuerth
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Germany.

MOTHER

15. MAIDEN NAME: Mary Valet
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Circleville, Ohio.

17. INFORMANT (ADDRESS): Mrs.Matilda K.Wuerth 1023 No.2nd.St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Memorial Park Cem. DATE Aug.26,1936 19

19. UNDERTAKER (ADDRESS): Walter Meierhoffer 1302 Faraon St. St.Joseph,Mo.

20. FILED Aug 26 19 H J Nestlebush Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug,23,1936 , 19

22. I HEREBY CERTIFY, That I attended deceased from 8-22-36, 19, to 8-23-36, 19
I last saw him alive on 8-23-36, 19 Death is said to have occurred on the date stated above, at 11.40 m. P.M.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Heat Exhaustion | 8-22-36 |
| Acute Myocarditis | 8-22-36 |

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Other contributory causes of importance:

Name of operation None 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? No 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) Albert H. Muench, M. D.
(Address) Phys.& Surg,Bldg, St.Joseph,Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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