

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.

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

Do not use this space.

SEP 21 1936

30519

1. PLACE OF DEATH

County Gasconade Registration District No. 303
Township Herman Primary Registration District No. 4182
City Herman (No. St. Ward)

File No.
Registered No.

2. FULL NAME

(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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Annie Dufner</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 4-1883</u>		
7. AGE	YEARS <u>53</u>	MONTHS <u>2</u>
	DAYS <u>19</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Drucking</u>	
	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)	
MOTHER FATHER	11. Total time (years) spent in this occupation.	
	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Herman Mo.</u>	
	13. NAME <u>Domonic Dufner</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Serravallo</u>	
MOTHER FATHER	15. MAIDEN NAME <u>Josephine Fair</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Herman Mo.</u>	
17. INFORMANT (ADDRESS) <u>Arthur Dufner</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Herman Mo.</u> DATE <u>8/26/36</u>		
19. UNDERTAKER (ADDRESS) <u>Arthur Dufner</u>		
20. FILED <u>8-24</u> 19 <u>36</u> <u>Anna K. Rieckhoff</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>8/23</u> 19 <u>36</u>	22. I HEREBY CERTIFY, That I attended deceased from <u>June 1</u> 19 <u>36</u> , to <u>Aug 23</u> 19 <u>36</u> I last saw him alive on <u>Aug 22</u> 19 <u>36</u> . Death is said to have occurred on the date stated above, at <u>4 P. m.</u> The principal cause of death and related causes of importance were as follows: <u>Chronic Nephritis</u> <u>131</u> Other contributory causes of importance: <u>Myocarditis</u>
Name of operation <u> </u> Date of <u> </u> What test confirmed diagnosis? <u> </u> Was there an autopsy? <u> </u>	
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? <u> </u> Date of injury <u> </u> , 19 <u> </u> Where did injury occur? <u> </u> (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.	
Manner of injury <u> </u> Nature of injury <u> </u>	
24. Was disease or injury in any way related to occupation of deceased? <u>No</u> If so, specify <u> </u> (Signed) <u>H. G. Rieckhoff</u> , M. D. (Address) <u>Herman Mo.</u>	

