

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.

OCT 1 1936

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

Do not use this space.

33462

1. PLACE OF DEATH
County Warren Registration District No. 884 File No. _____
Township Charlotte Primary Registration District No. 6175 Registered No. 16
City _____ (No. _____) St. _____ Ward _____

2. FULL NAME Heruan Fredrick Kuenzel
(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 28 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 full word) Married
Wife HUSBAND OF Anna Kuenzel (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 24-1890
7. AGE YEARS 45 MONTHS 8 DAYS 7 If LESS than 1 day, _____ hrs. or _____ min.
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) _____ 11. Total time (years) spent in this occupation _____
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dutrow Mo
13. NAME Robert Kuenzel
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dutrow Mo
15. MAIDEN NAME Mary Siernan
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dutrow Mo
17. INFORMANT (ADDRESS) Anna Nagely
Marthafoville Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Dutrow Mo DATE Sept 3 1936
19. UNDERTAKER (ADDRESS) Wesley W. Lutz
Marthafoville Mo
20. FILED Sept 1 1936 J. C. Johnson
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 31 1936
22. I HEREBY CERTIFY, That I attended deceased from Sept 1934 to Aug 31 1936
I last saw him alive on Aug 31 1936 Death is said to have occurred on the date stated above, at 2 A.M.
The principal cause of death and related causes of importance were as follows:
Atrophic Lateral Sclerosis 2 years
Other contributory causes of importance: _____
Name of operation _____ 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? _____ 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? _____
If so, specify _____
(Signed) Wm. H. Schmidt M. D.
(Address) Marthafoville Mo

