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.

DEC 29 1936

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

Do not use this space.

38492

File No.

Registered No. 121

1. PLACE OF DEATH

County NEWTON Registration District No. 609

Township Primary Registration District No. 4363

City NEOSHO (No. N. Jefferson St. Ward)

2. FULL NAME CHARLES TRETBAR

(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 (*write the word*): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~: Marietta Tretbar

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 12, 1862

7. AGE: Years 74 | Months 7 | Days 19 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plumber

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 35

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Philadelphia, Pa.

FATHER

13. NAME Francis Lewis Tretbar

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saxony, Germany

MOTHER

15. MAIDEN NAME Amelia Sciffert

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saxony, Germany

17. INFORMANT (ADDRESS) George Tretbar, Neosho, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE I.O.O.F. Cem. DATE 11-2, 1936

19. UNDERTAKER (ADDRESS) Bigham's - Neosho, Mo

20. FILED 11-9, 1936 Omalasale
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 31, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 13, 1936, to October 31, 1936

I last saw him alive on October 31, 1936. Death is said to have occurred on the date stated above, at 2:45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy left side	10/30/36

Other contributory causes of importance:
Chronic interstitial nephritis
1936

Name of operation None Date of

What test confirmed diagnosis? Laboratory 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 None

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Omalasale, M. D.

(Address) Neosho, Missouri