

DEC 4 1936

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

38824

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1. PLACE OF DEATH *Hamburg, Mo.*County *St. Charles*Registration District No. *760*Township *Darvenne*Primary Registration District No. *6001*City *Hamburg* (No. _____)

File No. _____

Registered No. _____

St. _____ Ward _____

2. FULL NAME *Henry Jacob Modes*(a) Residence, No. *Hamburg, Mo.* St. _____ Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred *59* yrs. *1* mos. *10* ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Male</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DECEASED (write the word) <i>Married</i>
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5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR NAME OF) *Hattie Modes*6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Sept. 16 - 1877*7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
59 *1* *10*8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Retired Merchant*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) *July 8, 1935*11. Total time (years) spent in this occupation *20.57*12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Hamburg Missouri*13. NAME *Henry Modes*14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Don't know*15. MAIDEN NAME *Marguereta Peters*16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Don't know*17. INFORMANT *Mrs. Viola Koelling*
(ADDRESS) *Delfance, Mo.*18. BURIAL, CREMATION, OR REMOVAL PLACE *Evangelical Con. Church* DATE *October 29, 1936*19. UNDERTAKER *Steinbrink's Undertakers Co.*
(ADDRESS) *St. Charles, Mo.*20. FILED *10/28, 1936 W. P. Caldwell*
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Oct. 26th, 1936*22. I HEREBY CERTIFY, That I attended deceased from *Jan 9 - 3, 1935* to *Oct 26, 1936*I last saw h. *M.* alive on *October 26, 1936*. Death is said to have occurred on the date stated above, at *2:50 P.*m.

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

Cerebral Haemorrhage *10/26/36*
Hypertensive due
to Diabetes Mellitus

Other contributory causes of importance:

Hemiparesis and
lg amputation

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? *N.O.*23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? *N.O.* 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? *N.O.*
If so, specify _____(Signed) *Otto B. Slah*, M. D.(Address) *Hamburg Mo*

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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.

