

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

Do not use this space.

DEC 30 1936

40684

1. PLACE OF DEATH
County Christian Registration District No. 184
Township So. Gallaway Primary Registration District No. 6270
City (No.) St. Ward

File No. _____
Registered No. 49

2. FULL NAME Arthur Leverett Veneke
(a) Residence, No. St. Ward.
(Usual place of abode)
Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 1, 1936

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Mrs. Ethel Veneke

22. I HEREBY CERTIFY, That I attended deceased from Oct 28, 1936 to Nov 1, 1936
I last saw him alive on Oct 28, 1936 at 1:30 P.M. Death is said to have occurred on the date stated above, at _____ in _____.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 28, 1889

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
47 1 3

Prisoners' Pneumonia says has had it for some years
Date of onset Oct 1, 1936

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

Other contributory causes of importance: NW

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

Name of operation None Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? N

FATHER 13. NAME Henry Veneke

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

MOTHER 15. MAIDEN NAME Ella Grover

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

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.

17. INFORMANT (ADDRESS) South of Ozark, Mo.

Manner of injury _____
Nature of injury _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Ozark, Mo. DATE Nov. 2, 1936

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____

19. UNDERTAKER (ADDRESS) B. C. Klepper, Ozark, Mo.

(Signed) J. H. Stude, M. D.
(Address) Ozark, Mo.

20. FILED Nov 1, 1936 Larella Leonard Registrar.

