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.

JAN 19 1937

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

Do not use this space.

44335

1. PLACE OF DEATH
County: Gascanade
Township:
City: Hermann (No. , St. Ward)

Registration District No. 303
Primary Registration District No. 4182

File No.
Registered No.

2. FULL NAME George Hoessli

(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: Sophia Hoessli

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept 16-1871

7. AGE: Years 65 | Months 2 | Days 2 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Janitor
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): Cincinnati Ohio

FATHER
13. NAME: Nicklaus Hoessli
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Switzerland.

MOTHER
15. MAIDEN NAME: Rhodius
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Switzerland

17. INFORMANT (ADDRESS): Mrs. Sophie Hoessli

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Hermann Mo DATE: Dec. 9th, 1936

19. UNDERTAKER (ADDRESS): A R Luedinger

20. FILED 12-8 1936 Anna L. Rieke, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec. 7, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 16, 1936, to Dec 6, 1936
I last saw him alive on Dec 6, 1936. Death is said to have occurred on the date stated above, at 11:30 P m.
The principal cause of death and related causes of importance were as follows:

Carcinoma Stomach — Date of onset

Other contributory causes of importance:

Cirrhosis of Liver

Name of operation: None Date of:
What test confirmed diagnosis? 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) Howard Workman, M. D.
(Address) Hermann Mo