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 21 1937

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

Do not use this space.

45580

1. PLACE OF DEATH
County Morgan — Registration District No. 971 — File No. 5
Township Mill Creek — Primary Registration District No. ~~45578~~ 59390 — Registered No.
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Frederick G. Wohlbeck

(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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 M
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 Lottie Neitzert

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 22 1874

7. AGE — YEARS 62 — MONTHS 8 — DAYS 28 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 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) Morgan Co. Mo

FATHER
13. NAME George Wohlbeck
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

MOTHER
15. MAIDEN NAME Mary E. Schroeder
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Morgan Co Mo

17. INFORMANT (ADDRESS) Mrs F G Wohlbeck Syracuse Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Syracuse DATE Dec 22 1936

19. UNDERTAKER (ADDRESS) W. F. Kidwell Versailles Mo

20. FILED 12-22, 1936 Omer E. Condry Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-20-36 19

22. I HEREBY CERTIFY, That I attended deceased from 11-1-36, 19..., to 12-20-36, 19...
I last saw him alive on 12-19-36 19... Death is said to have occurred on the date stated above, at 5:30 p m.
The principal cause of death and related causes of importance were as follows:

Chron. Int. Nephritis — Date of onset

Other contributory causes of importance

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Name of operation Symptoms & Lab Date of ..... Was there an autopsy? No
What test confirmed diagnosis?

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? No
If so, specify
(Signed) E. E. Holtzen, M. D.
(Address) Smithton Mo.