

APR 17 1936 MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Linn  
Township Rock  
City Rock (No.       )

Registration District No. 303  
Primary Registration District No. 5420

File No. 47909  
Registered No.        St.        Ward       

2. FULL NAME

(a) Residence, No.        St.        Ward         
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>      </u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>3-2-1936</u>		
7. AGE YEARS <u>      </u>	MONTHS <u>      </u>	DAYS <u>      </u>
If LESS than 1 day, hrs. or min.		

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

12. BIRTHPLACE (CITY OR TOWN) Berger, Mo. R.I.  
(STATE OR COUNTRY)

13. NAME Mr. L. Dahl Jr.  
14. BIRTHPLACE (CITY OR TOWN) Rock, Mo.  
(STATE OR COUNTRY)

15. MAIDEN NAME Edna L. Meschke  
16. BIRTHPLACE (CITY OR TOWN) Rock, Mo.  
(STATE OR COUNTRY)

17. INFORMANT Wm. L. Dahl  
(ADDRESS) Berger, Mo.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Dahl Cemetery DATE 3-3-1936

19. UNDERTAKER Herbert Dahl  
(ADDRESS) Berger, Mo.

20. FILED 3-3 1936 Annunzio  
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-2-1936

22. I HEREBY CERTIFY, That I attended deceased from 3-2-1936 to 3-2-1936  
I last saw him alive on 3-2-1936. Death is said to have occurred on the date stated above, at 1:15 p.m. Stillborn  
The principal cause of death and related causes of importance were as follows:  
Stillborn

Other contributory causes of importance:       

Name of operation        Date of         
What test confirmed diagnosis? Physical 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         
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 home  
Nature of injury home

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify John Engelbrecht M. D.  
(Signed) Shary Hill, Mo.  
(Address)

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.

