

FEB 16 1937

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

Do not use this space.

560

1. PLACE OF DEATH

 21 County Chariton
 Township Brunswick
 City Brunswick (No. St. Ward)

 Registration District No. 169
 Primary Registration District No. 5235

 File No.
 Registered No. 6
2. FULL NAME EMIL RICHARD SOMMERFELD

(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

Mollie Sommerfeld

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

Jan-7-1968

7. AGE

YEARS 69

MONTHS

0

DAYS

5

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Farmer

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.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Germany-10

13. NAME

Kusman

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

Kusman

15. MAIDEN NAME

Kusman

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

Kusman

17. INFORMANT (ADDRESS)

C. C. Sommerfeld, Brunswick Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

Jan-24-37

19. UNDERTAKER (ADDRESS)

R. W. Hensel, Brunswick Mo.

20. FILED

Jan. 23, 1937, Harry E. Tatum, Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Jan-22-1937

22. I HEREBY CERTIFY that I attended deceased from

I sent medicine to him on Jan 21, 1937.I last saw him alive on Dec 19, 1936 Death is said to have occurred on the date stated above, at 3:30 A.M.

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

Cardiac asthma (Date of onset Jan yrs.)
I saw him in previous attacks of asthma

Other contributory causes of importance:

Myocarditis
arterio-sclerosis
Name of operation none Date ofWhat test confirmed diagnosis clinical (Was there an autopsy?)

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?

Where did injury occur?

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) Harry E. Tatum, M. D.(Address) Brunswick Mo.

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.

