

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.

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

Do not use this space.

*Primo*  
FEB 16 1937

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**1. PLACE OF DEATH**

County Jefferson Registration District No. 213  
Township Jefferson Primary Registration District No. 2014  
City Jefferson (No.         ) St.          Ward         

File No.           
Registered No. 6  
St.          Ward         

**2. FULL NAME**

(a) Residence, No. 709 Mulberry 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)         

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF         

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 19 - 1935

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
1 2 13

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chief  
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) Jefferson City Mo

FATHER 13. NAME Adolph Loether

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

MOTHER 15. MAIDEN NAME Marie Phillips

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

17. INFORMANT (ADDRESS) Adolph Loether 80 Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peter DATE Jan 4 37

19. UNDERTAKER (ADDRESS) Lawson 10 Mo

20. FILED 15 1937 W. H. H. M. D. Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 3 37

22. I HEREBY CERTIFY That I attended deceased from         , 19        , to         , 19        .

I last saw h.          alive on         , 19        . Death is said

to have occurred on the date stated above, at 8 a. m.

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

Pneumonia Broncho  
107d  
Acute Nephritis  
no complications

Other contributory causes of importance:

Name of operation          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? no  
If so, specify         

(Signed) W. H. H. M. D.

(Address) Jefferson City Mo

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