

FEB 19 1937

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

Do not use this space.

881

1. PLACE OF DEATH
 County Franklin Registration District No. 300
 Township Byron Primary Registration District No. 5217
 City William J. Wildhaber (No) St. _____ Ward _____

2. FULL NAME William J. Wildhaber
 (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

MEDICAL CERTIFICATE OF DEATH

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 Katie Wildhaber

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 12, 1866

7. AGE YEARS 71 MONTHS - DAYS 16 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired mail
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Carrier
 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) near mo

MOTHER FATHER
 13. NAME Rudolph Wildhaber
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland
 15. MAIDEN NAME Elizabeth Schmecke
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland

17. INFORMANT Katie Wildhaber
 (ADDRESS) Beaufort mo

18. BURIAL, CREMATION, OR REMOVAL St. Joe Cal. Cem. DATE Feb 1 37

19. UNDERTAKER Exp. J. Lepore
 (ADDRESS) Beaufort Mo

20. FILED 1/29 19 37 J. Matthews Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 28, 1937

22. I HEREBY CERTIFY That I attended deceased from Jan 20 1937, to Jan 28 1937
 I last saw him alive on Jan 28 1937. Death is said to have occurred on the date stated above, at 4:45 p.m.
 The principal cause of death and related causes of importance were as follows:
Fatal astheny due to poor food and drink
aggravated mentally
changes.

Other contributory causes of importance:
Arteriosclerosis

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) J. Matthews M. D.
 (Address) Beaufort Mo

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.

