

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.

Hawkins
FEB 19 1937

1. PLACE OF DEATH

County *St. Francois*
Township *St. Francois*
City *Osborne Mo* (No. *1*)

Registration District No. *475*
Primary Registration District No. *6020-A*

File No. *2875*
Registered No. *11*
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. *Osborne Mo* 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 *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED *Married*
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Aug 11, 1867*
7. AGE YEARS *69* MONTHS *5* DAYS *17* IF LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Retired*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *2623*
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation *1 1/2*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St. Louis Missouri*

13. NAME *Fredrick Reproth*

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

15. MAIDEN NAME *Luisel Tainchpaler*

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

17. INFORMANT (ADDRESS) *Katherine Reproth Osborne Mo*

18. BURIAL, CREMATION, OR REMOVAL PLACE *S. S. Cemetery* DATE *1/31/37*

19. UNDERTAKER (ADDRESS) *Benham Ltd. Co Osborne Mo*

20. FILED *Jan 31, 1937* *N. W. Hawkins* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Jan, 28, 1937*
22. I HEREBY CERTIFY, That I attended deceased from *Jan 25, 1937* to *Jan 28, 1937*
I last saw him alive on *Jan 25, 1937* Death is said to have occurred on the date stated above, at *3:30 A.M.* in _____ in. The principal cause of death and related causes of importance were as follows:

Coronary thrombosis
Hypertensive cardiac-vascular disease
1954?

Name of operation _____ Date of _____
What test confirmed diagnosis? *Microscopic* Was there an autopsy? *no*

23. If death was due to external causes (violence), fill in also the following:
Was it a case of 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) *N. W. Hawkins*, M. D.
(Address) *Osborne Mo, Mo.*

