

MAR 18 1937

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

Do not use this space.

5833

1. PLACE OF DEATH

County Franklin

Registration District No. 997

Township St. John's

Primary Registration District No. 5414

City..... (No....., St..... Ward)

File No.....

Registered No. 20

2. FULL NAME John Henry Domhoff

(a) Residence, No. Route # 3, Washington, Mo. Ward.....  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 86 yrs. 3 mos. 13 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 8th, 1850

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
86 3 12

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 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) Franklin County  
(STATE OR COUNTRY) Missouri

13. NAME Frederich Domhoff

14. BIRTHPLACE (CITY OR TOWN) Not known  
(STATE OR COUNTRY) Germany

15. MAIDEN NAME Marie Heitkamp

16. BIRTHPLACE (CITY OR TOWN) Not known  
(STATE OR COUNTRY) Germany

17. INFORMANT Edward Domhoff  
(ADDRESS) Washington, Mo., R 13.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Washington, Mo. DATE Feb. 23, 1937

19. UNDERTAKER Otto & Company  
(ADDRESS) Washington, Mo.

20. FILED Feb. 22, 1937 N. G. Mann  
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Feb. 17, 1937, to Feb. 20, 1937

I last saw him alive on Feb. 20, 1937. Death is said to have occurred on the date stated above, at..... m.

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

Bronchial pneumonia

Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

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?.....

If so, specify.....

(Signed) [Signature] M. D.

(Address) Washington 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.

