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.

MAR 23 1937

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

Do not use this space.

1. PLACE OF DEATH
County Morgan
Township Richland
City (No. St. Ward)

Registration District No. 601
Primary Registration District No. 6796
File No. 7346
Registered No. 3

2. FULL NAME Henry Semkin
(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 Mathilda Loeffler
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 19, 1860
7. AGE YEARS 76 MONTHS 10 DAYS 15 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.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Benton Co. (STATE OR COUNTRY) Mo.

FATHER
13. NAME Harman Semkin
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Adelhaed M. Gerken
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT MRS. Henry Semkin
(ADDRESS) Florence, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lamb Cemetery DATE Jan. 7th, 1937

19. UNDERTAKER C. R. Rapp & Son
(ADDRESS) Stover, Mo.

20. FILED Feb 15 1937 Mrs Edwin Bremer *Registrar.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 5th, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec. 29th 1936, to Jan. 5th 1937
I last saw him alive on Jan. 5th 1937. Death is said to have occurred on the date stated above, at 9.10a m.
The principal cause of death and related causes of importance were as follows: Date of onset
Valvular Heart Lesion

Other contributory causes of importance:
Acute Colitis

92

Name of operation none Date of
What test confirmed diagnosis? Clinical 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?
If so, specify

(Signed) Harry Bay, M. D.
(Address) Cole Camp, Mo.