

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

Do not use this space.

MAR 24 1937

1. PLACE OF DEATH

County Osage Registration District No. 640 File No. 7496
Township Grandford Primary Registration District No. 5849 Registered No. 8
City Grand R.D. (No. _____) St. _____ Ward _____

2. FULL NAME

Geo. W. Voss
(a) Residence, No. Quinn Mo. R.D. 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Lee W. Voss
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr - 10 - 1873
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
63 9 29

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) (STATE OR COUNTRY) Franklin Mo

13. NAME Hy Voss

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

15. MAIDEN NAME Maria G. Baumka

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

17. INFORMANT Adolph Voss (ADDRESS) Washington Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE St. George's Church DATE Feb 18 1937

19. UNDERTAKER Walter General Home (ADDRESS) Lynn Mo

20. FILED 9-10 1937 Mrs. Dora Jett Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb - 9 - 1937

22. I HEREBY CERTIFY, That I attended deceased from 2-4-37 1937 to 2-9-37 1937
I last saw him alive on 2-8-37 1937. Death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:
Lobar pneumonia Date of onset 2-8-37
peritonitis

Other contributory causes of importance:
Pneumococcus
peritonitis 2-8-37

Name of operation _____ Date of _____
What test confirmed diagnosis? None 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) H. S. Hume M. D.
(Address) Laurens, Mo.

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

