

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

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

Do not use this space.

APR 20 1937

12266

1. PLACE OF DEATH

County Lasper Registration District No. 411
Township 44 Primary Registration District No. 2002
City Stephens (No. Stephens Hospital St. Missouri, Okla. Ward)

2. FULL NAME

George William Hameloh
(a) Residence, No. Missouri, Okla. St. Missouri, Okla. Ward. Missouri, Okla.
(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 Edna

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 5 - 1909

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
25 1 25

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. miner
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) Oklahoma

13. NAME C. A. Hameloh

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

15. MAIDEN NAME Rosa M. Moxley

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

17. INFORMANT (ADDRESS) Luther Hameloh, Missouri, Okla.

18. BURIAL, CREMATION, OR REMOVAL PLACE D. O. Gray DATE 4-1-37

19. UNDERTAKER (ADDRESS) Shelby and Co. Greenwood

20. FILED 4-5-37 Ed Jones Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-30-37 19

22. I HEREBY CERTIFY, That I attended deceased from March 22, 1937, to Mar 30, 1937.

I last saw him alive on March 30, 1937. Death is said to have occurred on the date stated above, at 5:45 p. m.

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

General erysipelas Date of onset

Other contributory causes of importance:

Culter Bacillus - empyema of left

Name of operation Thyroidectomy Date of 3/23/37

What test confirmed diagnosis? Thyroidectomy 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? no

If so, specify ?

(Signed) W. H. Gray, M. D.

(Address) Stephens, Mo.

