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.

MAY 20 1937

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

Do not use this space.

File No. 16291
Registered No.

1. PLACE OF DEATH
County 37 GASCONADE
Township ROARK
City (No. St. Ward)
Registration District No. 303
Primary Registration District No. 5420

2. FULL NAME PAUL PHOTENHAUER
(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 51 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
MALE	WHITE	MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Amanda PHOTENHAUER

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) FEB-12-1886

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	51	2	9	

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) 11-1-30
11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hermann Mo

FATHER
13. NAME Albert Photenhauer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hermann Mo

MOTHER
15. MAIDEN NAME Mathilda Schmetz
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Mrs Paul Photenhauer Hermann Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hermann City DATE 4/24 1937

19. UNDERTAKER (ADDRESS) Hugo Bemmer Hermann Mo

20. FILED 4-24 1937 Anna K. Rieckhoff Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Apr 20 1937, to Apr 21 1937
I last saw him alive on Apr 21 1937. Death is said to have occurred on the date stated above, at 5 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis	
Perforating Ulcer of Stomach -	

Other contributory causes of importance:

Name of operation — Date of
What test confirmed diagnosis? 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) Howard Hartmann, M. D.
(Address) Hermann Mo