

MAY 27 1937

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

Do not use this space.

## 1. PLACE OF DEATH

County Lawrence Registration District No. 470 File No. 16823  
 Township Mt Vernon Primary Registration District No. 5693 Registered No. 53  
 City Mt Vernon (No. ....) St. .... Ward)

## 2. FULL NAME

Fred Rahmseller(a) Residence, No. Mt Vernon St. .... Ward. ....

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

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 (OR) WIFE OF Emma Rahmseller

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 28, 1884

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
52 3 20

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 .....  
4 mo ago

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

13. NAME Chris Rahmseller

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

15. MAIDEN NAME Minnie Troger

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

17. INFORMANT Mrs Emma Rahmseller  
 (ADDRESS) Mt Vernon, Mo

18. BURIAL, CREMATION, OR REMOVAL  
Evangelical Cemetery DATE Apr 20, 1937

19. UNDERTAKER Fessitt Funeral Home  
 (ADDRESS) Mt Vernon, Mo

20. FILED ..... 19.....  
 Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 17, 193722. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1937 to April 17, 1937I last saw him alive on April 17, 1937 Death is said to have occurred on the date stated above, at 7:30 P.M.

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

Carcinoma of colon 12 yrs.  
Cachexia, progressive 4 mos.

Other contributory causes of importance: HoName 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 .....

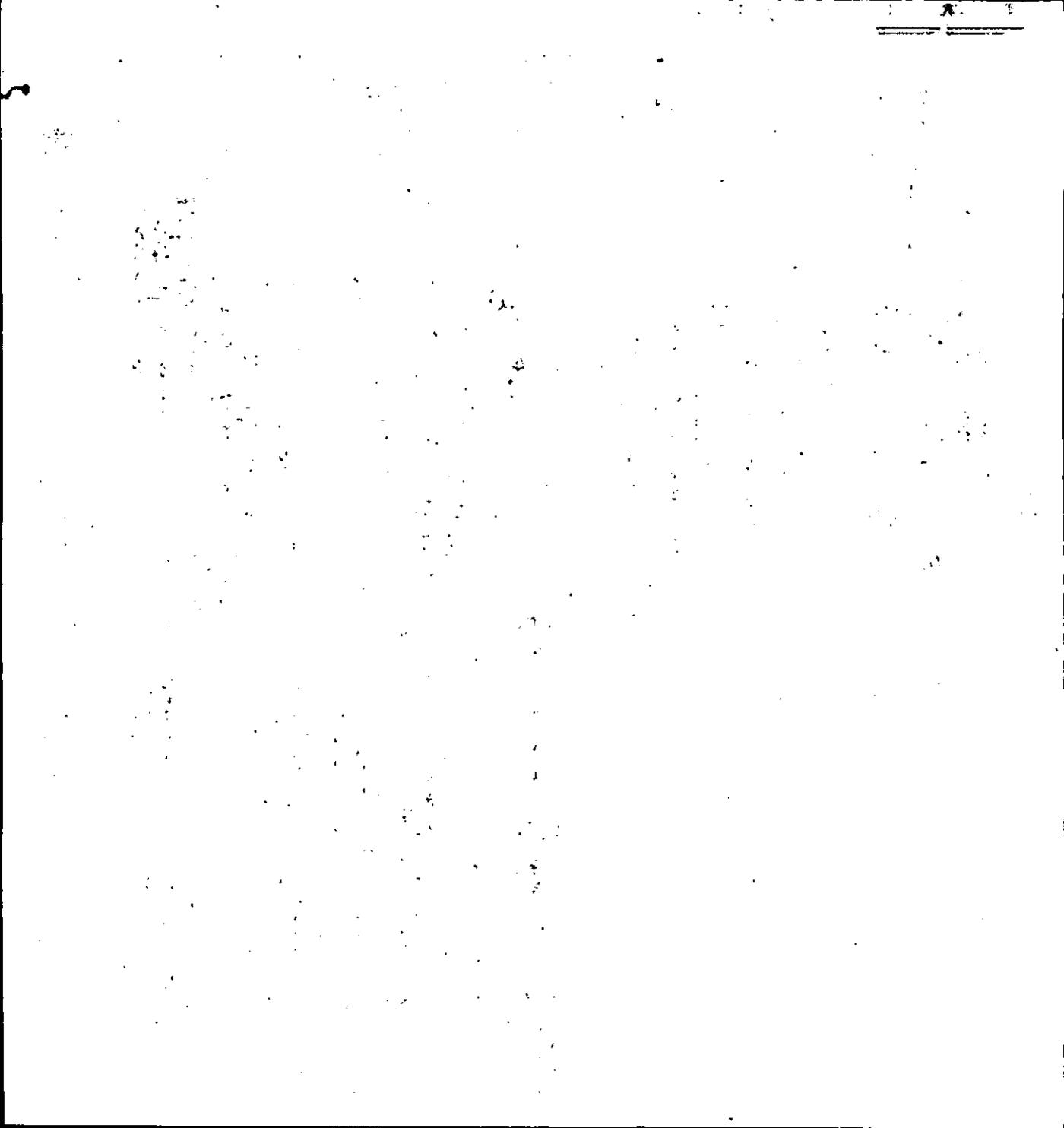
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Don J. Selsky M. D.(Address) Mt. Vernon, Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.





5-16823