

JUN 18 1937

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

Do not use this space.

19919

1. PLACE OF DEATH

County **Franklin**  
Township **Central**  
City **Morrellton** (No. ....)

Registration District No. **294**  
Primary Registration District No. **5409B**

File No. ....  
Registered No. ....  
St. .... Ward

2. FULL NAME

(a) Residence, No. .... St. .... Ward. ....  
(Usual place of abode)

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. (If nonresident, give city or town and State)

*Oliver F. Jahn*

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Isabelle Jahn**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **April 15, 1856**

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<b>81</b>	<b>1</b>	<b>2</b>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Retired 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) **Jefferson County, Mo.**

13. NAME **Dr. Fredrick Jahn**

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

15. MAIDEN NAME **Caroline McFry**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **South Carolina.**

17. INFORMANT (ADDRESS) **Mrs Margaret Peterson Sullivan, Mo.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Morrellton, Mo.** DATE **May 19, 1937**

19. UNDERTAKER (ADDRESS) **Wm. Casey & Co. St. Clair, Mo.**

20. FILED **June 2, 1937** *W. S. Duckworth* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 17, 1937**

22. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to....., 19.....

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at **10 A. m.**

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

*Myocarditis*

Date of onset

Other contributory causes of importance:

Name of operation *None* Date of .....

What test confirmed diagnosis? *Plentic* Was there an autopsy? *No*

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? *Not* 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 *On W. side*

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? *No* If so, specify.....

(Signed) *Phos. P. Shaffer* Coroner M.D.

(Address) *Sullivan, Mo*

