

JUL 28 1937

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

Do not use this space.

1. PLACE OF DEATH

County Franklin Registration District No. 297 File No. 23661
Township _____ Primary Registration District No. 3016 Registered No. 53
City Washington, Mo. (No. _____) St. _____ Ward _____

2. FULL NAME Vernon William Joseph Trentmann.

(a) Residence, No. 1113 E. 3rd St. _____ Ward _____
(Usual place of abode) Washington, Mo. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 10 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____ X

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 27th, 1936.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
0 10 15

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____ X
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____ X
10. Date deceased last worked at this occupation (month and year) _____ X 11. Total time (years) spent in this occupation _____ X

12. BIRTHPLACE (CITY OR TOWN) Washington,
(STATE OR COUNTRY) Missouri.

MOTHER FATHER 13. NAME August Trentmann.

14. BIRTHPLACE (CITY OR TOWN) Krakow,
(STATE OR COUNTRY) Missouri.

15. MAIDEN NAME Elsie Peters,

16. BIRTHPLACE (CITY OR TOWN) Washington,
(STATE OR COUNTRY) Missouri.

17. INFORMANT August Trentmann,
(ADDRESS) Washington, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington, Mo. DATE June 14th, 1937.

19. UNDERTAKER Nieburg & Vitt, Inc.,
(ADDRESS) Washington, Mo.

20. FILED _____ 19 _____ Registrar. ✓

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 12th, 1937.

22. I HEREBY CERTIFY, That I attended deceased from June 10, 1937 to June 12, 1937

I last saw him alive on June 12, 1937. Death is said to have occurred on the date stated above, at 4:00 P.M.

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

Simple Meningitis Date of onset 6/8/37

Other contributory causes of importance: ✓

Name of operation _____ Date of _____

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

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? _____

If so, specify (Signed) O. L. Minnich, M. D.
(Address) Washington Mo

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Franklin Registration District No. 297
 Township _____ Primary Registration District No. 3016
 City Washington (No. _____) St. _____ Ward _____

File No. 23661
 Registered No. 23

2. FULL NAME Vernon William Joseph Treutmann

(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 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 m **4. COLOR OR RACE** w **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** s
(write the word)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 12, 1937

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

22. I HEREBY CERTIFY, that I attended deceased from _____ to _____, 19____

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

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
10 15-

Date of onset

OCCUPATION

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

Other contributory causes of importance:

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

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

FATHER

13. NAME

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

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.

MOTHER

15. MAIDEN NAME

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

Manner of injury _____

Nature of injury _____

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____, 19____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) O. L. Muench, M. D.

(Address) Washington Mo

19. UNDERTAKER (ADDRESS)

20. FILED June 14, 1937 H. A. May Registrar

SUPPLEMENTARY

S-23661