36 JUL 28 1937

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

Do not use this space.

8 4 2 1

1. PLACE OF DEATH
County Franklin
Township
City Washington, Mo. (No. , St. Ward)

Registration District No. 297
Primary Registration District No. 3016

File No. 23662
Registered No. 54

2. FULL NAME George Arthur Uhrmann
(a) Residence, No. 321 Hancock, St. Washington, Mo. Ward
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 18 yrs. 2 mos. 17 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 ✓

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 25, 1919

7. AGE: Years 18, Months 2, Days 17. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year) None
11. Total time (years) spent in this occupation None

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

FATHER
13. NAME Mathias John Uhrmann
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany.

MOTHER
15. MAIDEN NAME Anna Harrietline
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stanton Mo.

17. INFORMANT (ADDRESS) Martin Uhrmann Washington Mo.

18. BURIAL, CREMATION, OR REMOVAL Washington, Mo.
PLACE Catholic Come DATE 6/15/37. 19

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

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

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Feb 8, 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 6:55 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	6-4-37

Other contributory causes of importance:

Pulmonary Tuberculosis	Jan. 1, 1935

Name of operation - - - Date of
What test confirmed diagnosis? Lab. 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) [signature], M. D.
(Address) Washington, Mo.

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.