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.

SEP 21 1937

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

Do not use this space.

31264

1. PLACE OF DEATH
County: Wilkinson
Township: Wilkes
City: California (No. ..... St. ..... Ward)
Registration District No. 571
Primary Registration District No. 4335
File No. .....
Registered No. 88

2. FULL NAME: Fredrick William Semmler

(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? 49 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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: Zona M. Semmler

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 5, 1878

7. AGE: YEARS 59 | MONTHS 1 | DAYS 20 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Tailor
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): Tavistock Ontario, Canada

FATHER
13. NAME: Charles Fredrick Semmler
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER
15. MAIDEN NAME: Augustia Fink
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Zona M Semmler California Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Higginsville, Mo. DATE: Aug. 28, 1937

19. UNDERTAKER (ADDRESS): J. W. Wilson & Sons California, Mo.

20. FILED 8-27-1937 H. R. Popejoy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug. 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept. 2, 1936, to Aug. 25, 1937
I last saw him alive on Aug. 28, 1937 Death is said to have occurred on the date stated above, at 9:30 P. m.
The principal cause of death and related causes of importance were as follows:

Coronary thrombosis

Date of onset

131

Other contributory causes of importance:
arteriosclerosis
chronic nephritis

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

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) K. J. O'Banion D. O., ~~M. D.~~
(Address) California, Mo.