

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

Do not use this space.

OCT 22 1937

34220

895

1. PLACE OF DEATH

County Greene

Registration District No. 318

2001

File No.

Township

Primary Registration District No.

Registered No.

City Springfield

(No. Clark Osteopathic Hospital)

Ward

2. FULL NAME Herbert Voskamp

(a) Residence, No. _____ St. _____ Ward. Marrett Mo

(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 (write the word) Single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 7, 1937

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

22. I HEREBY CERTIFY, That I attended deceased from Sept 6th 1937 to Sept 9th 1937

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 26, 1897

I last saw him alive on Sept 9th 1937 Death is said to have occurred on the date stated above, at 4:30 P.M.

7. AGE

YEARS 45

MONTHS 7

DAYS 11

If LESS than 1 day, _____ hrs. or _____ min.

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

OCCUPATION

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 _____

Septic thrombus of Carotid Sinus Date of onset _____

Other contributory causes of importance: 82 B

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

MOTHER FATHER

13. NAME Wm. Voskamp

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Minden Ill.

15. MAIDEN NAME Fizzie Kraus

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

Name of operation Head & Neck Date of 9/6/37

What test confirmed diagnosis? _____ Was there an autopsy? no

17. INFORMANT (ADDRESS) Wm. Voskamp

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no 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.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Freistatt DATE Sept 10 1937

Manner of injury _____

Nature of injury _____

19. UNDERTAKER (ADDRESS) Callaway

24. Was disease or injury in any way related to occupation of deceased? If so, specify _____

20. FILE NO. Sept 10 1937

Chas. A. George Registrar

(Signed) Wm. Voskamp M.D. (Address) Springfield Mo

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

N. B. Every return of information should be accompanied by a copy of the death certificate.

