

NOV 24 1937

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

Do not use this space.

39009

1. PLACE OF DEATH

County Janey
Township Oliver
City _____ (No. _____)

Registration District No. 859
Primary Registration District No. 613D

File No. 38
Registered No. _____
Si. _____ Ward _____

2. FULL NAME

Frederick Louis Michel

(a) Residence, No. Janey County St. Mo. Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 52 yrs. mos. _____ ds. _____ How long in U. S., if of foreign birth? 72 yrs. mos. _____ ds. _____
(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Daisy Ellen Michel</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 6 1861</u>		
7. AGE YEARS <u>76</u>	MONTHS <u>0</u>	DAYS <u>23</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Stonemason</u>		11. Total time (years) spent in this occupation <u>25</u>
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Stonework</u>		
10. Date deceased last worked at this occupation (month and year) <u>1921</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Berne, Switzerland</u>		
13. NAME <u>Benjamin Jacob Michel</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Berne, Switzerland</u>		
15. MAIDEN NAME <u>Susan Feitel</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Berne, Switzerland</u>		
17. INFORMANT (ADDRESS) <u>Frank Michel</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mc Grove</u> DATE <u>Oct 29 37</u>		
19. UNDERTAKER (ADDRESS) <u>None</u>		
20. FILED <u>10/29</u> 19 <u>37</u> <u>John H Baxter</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 28 . 19 37

22. I HEREBY CERTIFY, That I attended deceased from April 1 . 1937, to Oct 28 . 1937
I last saw him alive on Oct 28 . 1937. Death is said to have occurred on the date stated above, at 1:30 p.m.
The principal cause of death and related causes of importance were as follows:
Mitral Regurgitation
Date of onset 1930

Other contributory causes of importance:
Chronic Parenchymatous nephritis
Name of operation none Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury none 1937
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) W. P. E. Silliman M. D.
(Address) Bronson, 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.

