

DEC 27 1937

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

42108

Do not use this space.

1. PLACE OF DEATH

(a) County Berry Registration District No. 660
 (b) ~~Township~~ Berry Precinct Primary Registration District No. 5875a Registered No. _____
 (c) City _____ (d) Street No. _____ St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Charles Henry Voelker
 (a) Residence, No. Berryville R.F.D. #5 St. _____ (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

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 Many Seibert
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 10, 1867
 7. AGE YEARS 70 MONTHS 2 DAYS 18 If LESS than 1 day, _____ hrs. or _____ min.

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

12. BIRTHPLACE (CITY OR TOWN) Berry County, Mo. (STATE OR COUNTRY)

13. NAME Henry Voelker
 14. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY)

15. MAIDEN NAME Louise Grass
 16. BIRTHPLACE (CITY OR TOWN) Berry County, Mo. (STATE OR COUNTRY)

17. INFORMANT Allen Voelker (ADDRESS) Berryville, R.F.D. #5

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Hope Cemetery DATE Nov. 30, 1937

19. FUNERAL DIRECTOR Berry Funeral Home (ADDRESS) Berryville, Mo.

20. FILED Nov 29, 1937 Jos J Voelker Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 27th 1937, to Nov. 28th 1937

I last saw him alive on Nov. 27th 1937. Death is said to have occurred on the date stated above, at 1:00 P.M.

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

Angina Pectoris Date of onset _____

Other contributory causes of importance: Arterio Sclerosis

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) M. H. Parks, M. D.
 (Address) Berryville Mo.

STATEMENT BY LICENSED EMBALMER

I, Albert H. Bay, Licensed Embalmer No. 3866
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Albert H. Bay
..... L. E.
No. 3866 or by, Registered Apprentice No.
working under my personal supervision..

Signed Albert H. Bay
Licensed Embalmer No. 3866

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)