JAN 15 1938

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

Do not use this space.

File No. 44580
Registered No. 188

Registration District No. 26 7
Primary Registration District No. 5034

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1. PLACE OF DEATH
County Audrain
Township Saltriver
City Mexico, ~~Mo~~ (No. R.F.D. #7 St. Ward)

2. FULL NAME Hugo Platte
(a) Residence, No. R.F.D. Mexico, Mo. St., Ward.
(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

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 Octave Platte

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 26, 1869

7. AGE: Years 67 | Months 11 | Days 11 | If LESS than 1 day, hrs. or min.

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. Own farm
10. Date deceased last worked at this occupation (month and year) Oct 1937
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Milstadt, Ill.

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

MOTHER
15. MAIDEN NAME Elizabeth Eckart
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

17. INFORMANT Mrs. Octave Platte
(ADDRESS) Mexico, Mo.

18. BURIAL, CREMATION, OR REMOVAL Mexico, Mo.
PLACE Elmwood Cemetery, DATE Dec. 9, 1937

19. UNDERTAKER H.A. Precht & Son
(ADDRESS) Mexico, Mo.

20. FILED Dec 8-, 1937 Blanche Neely
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-7-, 1937

22. I HEREBY CERTIFY, That I attended deceased from 9-10-37, 1937, to 12-7-37, 1937
I last saw him alive on 12-7-37, 1937. Death is said to have occurred on the date stated above, at 7.15 P. m.
The principal cause of death and related causes of importance were as follows:

Angina Pectoris — Date of onset 9/10/37

Other contributory causes of importance: Arteriosclerosis

Name of operation None Date of None
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? None Date of injury None, 19
Where did injury occur? None (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) J. C. Jones, M. D.
(Address) 106 N. Jefferson St. Mexico 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.