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.

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

Do not use this space.

94

1. PLACE OF DEATH
County: St. Francois
Township: St. Francois
Near City: Farmington (No. ..., ... St. ... Ward)

Registration District No. 773
Primary Registration District No. 6 0184

File No. 3953
Registered No. 10

2. FULL NAME: Mathias Umbdenstock 513

(a) Residence, No. Danby, Missouri 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 23, 1855

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	82	11	13	

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

12. BIRTHPLACE (CITY OR TOWN) Lamont (STATE OR COUNTRY) Illinois

FATHER
13. NAME Mathias Umbdenstock
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alsace Lorraine

MOTHER
15. MAIDEN NAME Agnes Peterman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT State Hospital No. 4 Records
(ADDRESS) Farmington, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Festus, Mo. DATE 1-8-38, 19

19. UNDERTAKER Fink Undertaking Co.
(ADDRESS) Festus, Mo.

20. FILED Jan 8, 1938 B. J. Robinson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-5-38, 19

22. I HEREBY CERTIFY, That I attended deceased from April 15, 1937, to Jan 5, 1938
I last saw him alive on Jan 5, 1938. Death is said to have occurred on the date stated above, at 7 AM p.m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Cerebral Apoplexy (Hemorrhage)
(Suffered in past months)

Other contributory causes of importance:
Generalized Arteriosclerosis

Name of operation ... Date of ...
What test confirmed diagnosis? Clinical 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) R. S. Tate, M. D.
(Address) State Hosp #4 Farmington Mo.

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FEB 28 1938
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MO. STATE BOARD OF HEALTH