

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

REC'D MAR 15 1938

6512

1. PLACE OF DEATH
 County Leola Registration District No. 213
 Township Jefferson Primary Registration District No. 3094
 City Jefferson (No. 313, Russell Ave) St. _____ Ward _____
 2. FULL NAME Fredrick Wilbers H16
 (a) Residence, No. 313 Russell 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Child</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <input checked="" type="checkbox"/>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 25 - 1935</u>		
7. AGE	YEARS <u>2</u>	MONTHS <u>5</u>
	DAYS <u>11</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <input checked="" type="checkbox"/>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <input checked="" type="checkbox"/>	
	10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Jefferson City, Mo.</u>		
FATHER	13. NAME <u>Fred Wilbers</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Leola, Mo.</u>	
MOTHER	15. MAIDEN NAME <u>Julietta Schwartz</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Leola, Mo.</u>	
17. INFORMANT (ADDRESS) <u>Mrs. Fred Wilbers</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Recreation</u> DATE <u>Feb 8, 1938</u>		
19. UNDERTAKER (ADDRESS) <u>Wason-Tanner</u>		
20. FILED <u>2/17/1938</u> <u>J. V. Bedford, M.D.</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 6, 1938

22. I HEREBY CERTIFY, That I attended deceased from December 29, 1936, to February 6, 1938
 I last saw him alive on February 6, 1938 Death is said to have occurred on the date stated above, at 4 P. m.
 The principal cause of death and related causes of importance were as follows:
Pneumonia Lobar Date of onset 1938
 Other contributory causes of importance:
Congenital Anemia & Hydrocephalus
 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? 2 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? no
 If so, specify _____
 (Signed) Jan Schwartz M. D.
 (Address) 626 Jefferson St.

