REC'D MAR 17 1938

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

Do not use this space.

1. PLACE OF DEATH
County Jefferson
Township Joachim
City Pevely Mo R R 1 (No. ..... St. ..... Ward)

Registration District No. 421
Primary Registration District No. 5575

File No. 7140
Registered No. 22

2. FULL NAME Chas. F. W. Doerr 600
(a) Residence, No. Pevely Mo R R 1 St., ... Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 1 yrs. 7 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): Widowed (margolf)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Sophia Doerr
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 11th 1849
7. AGE: Years 88, Months 7, Days 7; If LESS than 1 day, ✓ hrs. or ✓ min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Carpenter
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): 1920
11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Waterloo Ill

FATHER
13. NAME: Andrew Doerr
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER
15. MAIDEN NAME: unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ✓

17. INFORMANT (ADDRESS): Mrs Get Kriegbaum Pevely Mo R R 1
18. BURIAL, CREMATION, OR REMOVAL: PLACE St Paul Church yard DATE Mar 2nd 1938
19. UNDERTAKER (ADDRESS): Wacker Heldule. 2331 So Broadway.
20. FILED 2/28 1938 J. E. Rutledge M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb 27, 1938
22. I HEREBY CERTIFY, That I attended deceased from Feb 18, 1938, to Feb 27, 1938
I last saw him alive on Feb 26, 1938. Death is said to have occurred on the date stated above, at 10 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Paralytic Stroke	
Hypertension	
7241	

Other contributory causes of importance:
Senility
Infirmities

Name of operation: none Date of ✓
What test confirmed diagnosis? Phy Exam Was there an autopsy? no

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? no
If so, specify
(Signed) Othmar J. Sims, M. D.
(Address) Bonnhart Mo

NB. 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.