

REC'D APR 4 1938

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

Do not use this space.

1. PLACE OF DEATH

County LawrenceRegistration District No. 473Township FreistadtPrimary Registration District No. 5637

City

(No. _____)

St. _____

Ward _____

2. FULL NAME

(a) Residence, No. _____

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

Louis Hesseman

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

3 - 2 - 1898

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

402

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

life

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

Freistadt, Mo.

MOTHER / FATHER

13. NAME

Fred. Peterloh

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Germany

15. MAIDEN NAME

Charlotte Halatzenberg

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Germany

17. INFORMANT

(ADDRESS)

Chas. Hesseman

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Freistadt

DATE

3 - 61928

19. UNDERTAKER

(ADDRESS)

John Stoh

20. FILED

Apr 1, 1938Howard Pohlde

Registrar.

729

MEDICAL CERTIFICATE OF DEATH

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

March 4, 1938

22. I HEREBY CERTIFY, That I attended deceased from

Feb 24, 1938, to Mar 4, 1938I last saw him alive on Mar 4, 1938. Death is saidto have occurred on the date stated above, at 2:00 A.M.

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

Chronic Intestinal NephritisDate of onset
1933

Other contributory causes of importance:

Influenza
Pneumonia (Lobar)Feb 24

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) Howard Pohlde M. D.(Address) Freistadt, Missouri

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.

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

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