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.

REC'D APR 18 1938

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

Do not use this space.

1. PLACE OF DEATH

County Morgan — Registration District No. 919 — File No. 11558

Township ~~Hawereek~~ — Primary Registration District No. 4551 — Registered No. 4

City Stover (No. ..... St. ..... Ward)

2. FULL NAME Louis Tagtmeyer 235

(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)

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: Louise Fischer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 10- 1860

7. AGE: YEARS 77 — MONTHS 10 — 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. Hardware Merchant
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) About Jan. 1937
11. Total time (years) spent in this occupation 30 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Stover, Missouri

FATHER

13. NAME: William Tagtmeyer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Hanover, Germany

MOTHER

15. MAIDEN NAME: Dorothee Regina Klenke
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Hanover, Germany

17. INFORMANT (ADDRESS): Mrs. Louis Tagtmeyer, Stover, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Stover, Cem. DATE March 20 1938

19. UNDERTAKER (ADDRESS): Rapp & Son, Stover, Missouri

20. FILED April 11, 1938 Wm L Ripperger Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 17, 1938

22. I HEREBY CERTIFY, That I attended deceased from Mar 17, 1938, to Mar 17, 1938
I last saw him alive on Mar 17, 1938. Death is said to have occurred on the date stated above, at 9:20 p.m.
The principal cause of death and related causes of importance were as follows:

Complete Exhaustion
Possible internal Cancer
Mayo, Kansas City & Sedalia have never given definite statement

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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) Chas A Wiest, M. D.
(Address) Stover Mo