

REC'D MAY 17 1938

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

Do not use this space.

14222

1. PLACE OF DEATH

County Campden
Township Dear
City Barnumton Mo (No. _____ St. _____ Ward _____)

Registration District No. 118
Primary Registration District No. 5769

File No. _____
Registered No. 3

2. FULL NAME George Elsworth German

(a) Residence, No. Barnumton Mo St. _____ Ward _____
(Usual place of abode)

655
(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 1 - 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 8 27

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) about 5 years 11. Total time (years) spent in this occupation

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

MOTHER 13. NAME George W. German

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

15. MAIDEN NAME Anna Hussgow

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

17. INFORMANT Ed German (ADDRESS) Barnumton Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Barnumton DATE 4 - 29 1938

19. UNDERTAKER James Hardy T. Dixon Ellis (ADDRESS) Barnumton Mo

20. FILED 4 - 29 1938 W. S. Windsor Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 28 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 26 1938, to April 28 1938
I last saw him alive on April 28 1938 Death is said to have occurred on the date stated above, at 4:30 p. m.

The principal cause of death and related causes of importance were as follows:
(Dakababel) Pneumonia
(Nephritis long standing)

Date of onset 4-25-1938

Other contributory causes of importance: 131-
General Debility

Name of operation none Date of _____
What test confirmed diagnosis? Spinal fluid Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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 don't think so
(Signed) W. S. Windsor, M. D.
(Address) Clina Springs Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S SIGNATURE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

