

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 MAY 20 1938

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

Do not use this space.

14814

1. PLACE OF DEATH

County Iron
Township 3rd Excelsior
City Pilot Knob (No. _____) St. _____ Ward _____

Registration District No. 392
Primary Registration District No. 4230

File No. _____
Registered No. 3

2. FULL NAME

Godfried Mallmann

455

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

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? 55 yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF un known

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 2 19 57

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or ... min.
80 6 11 5 15

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) 6-9-35 11. Total time (years) spent in this occupation 15

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

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Karl Cellero Pilot Knob Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Pilot Knob Mo DATE April 14 1938

19. UNDERTAKER (ADDRESS) J. E. Bondy Grenier Mo.

20. FILED Apr 26 1938 L. J. Effinger Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/13, 1938

22. I HEREBY CERTIFY, That I attended deceased from 10/29 ³⁶ to 4/13, 1938

I last saw him alive on 4/12, 1938 Death is said to have occurred on the date stated above, at 8:00 a.m.

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

Bronchial Pneumonia 4/12/38

Other contributory causes of importance: (Hypertension) cerebral hemorrhage (6 hrs.) chronic arthritis senility

Name of operation _____ Date of _____
What test confirmed diagnosis? none 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) R. E. Harland, M. D.
(Address) Charbon, Mo.

