REC'D MAY 17 1938

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

Do not use this space.

1. PLACE OF DEATH
County Scott
Township Morehand
City ..... (No. ....., ... St. ..... Ward)

Registration District No. 959
Primary Registration District No. 6063 a

File No. 15997
Registered No. 1

2. FULL NAME Jacob Uhrhan
(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: Mary Uhrhan.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mar. 29, 1866

7. AGE: YEARS 72 | MONTHS 0 | DAYS 25 | If LESS than 1 day, ... hrs. or ..... min.

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 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ft. Wayne Ind. 9

FATHER
13. NAME: John Uhrhan 9
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Don't Know

MOTHER
15. MAIDEN NAME: Katherine Koontz
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Don't Know.

17. INFORMANT (ADDRESS): Mrs Mary Uhrhan. Chaffee, Mo. R1.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: St. Lawrence Cem. New Hamberg Mo. DATE: 4/26/ 1938

19. UNDERTAKER (ADDRESS): Bisplinghoff & Hubbard Chaffee, Mo.

20. FILED 4/25 1938 Cyril Dornberger

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Apr 24, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec, 1936 to Apr 24, 1938
I last saw him alive on Apr 1, 1938. Death is said to have occurred on the date stated above, at 11 40 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Endocarditis	1935
Chr myocarditis	
Ascites. Edema	
Pulmonary	

Other contributory causes of importance: 92 a

Name of operation: None Date of .....
What test confirmed diagnosis? Clinical 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) W O Dinney, M. D.
(Address) Chaffee Mo

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