

REC'D JUN 8 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

17662

1. PLACE OF DEATH

County of Bollinger
 Township Liberty
 City Luteterville, Mo. (No. _____ St. _____ Ward _____)

Registration District No. 6-919Primary Registration District No. 5104

File No. _____

Registered No. _____

2. FULL NAME

(s) Residence, No. Theodore Frank Van Gennip St. _____ Ward _____
 (Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 10 yrs. 19 mos. 19 ds. How long in U. S., if of foreign birth? 2 yrs. 2 mos. 2 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 24, 1937

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or ... min.
10 19 6 30

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓
 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 ✓

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Luteterville, Mo.13. NAME Martin Henry Van Gennip14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Luteterville, Mo.15. MAIDEN NAME Rose Cecilia Heimsath16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.17. INFORMANT (ADDRESS) Martin Van Gennip, Luteterville, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE St. John's Cemetery DATE 1919. UNDERTAKER (ADDRESS) Rev. T. Marshall - Leggett - Mo.20. FILED May 26, 19 Miss J. A. Bercy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 19, 193822. I HEREBY CERTIFY, That I attended deceased from February 7, 1938, to February 11, 1938I last saw him alive on February 11, 1938. Death is saidto have occurred on the date stated above, at 5:30 A. M.

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

Bronchopneumonia Date of onset Feb 7, 1938
Secondary

Other contributory causes of importance:

Pneumonia
Measles

Name of operation ✓ Date of ✓What test confirmed diagnosis? ✓ Was there an autopsy? ✓

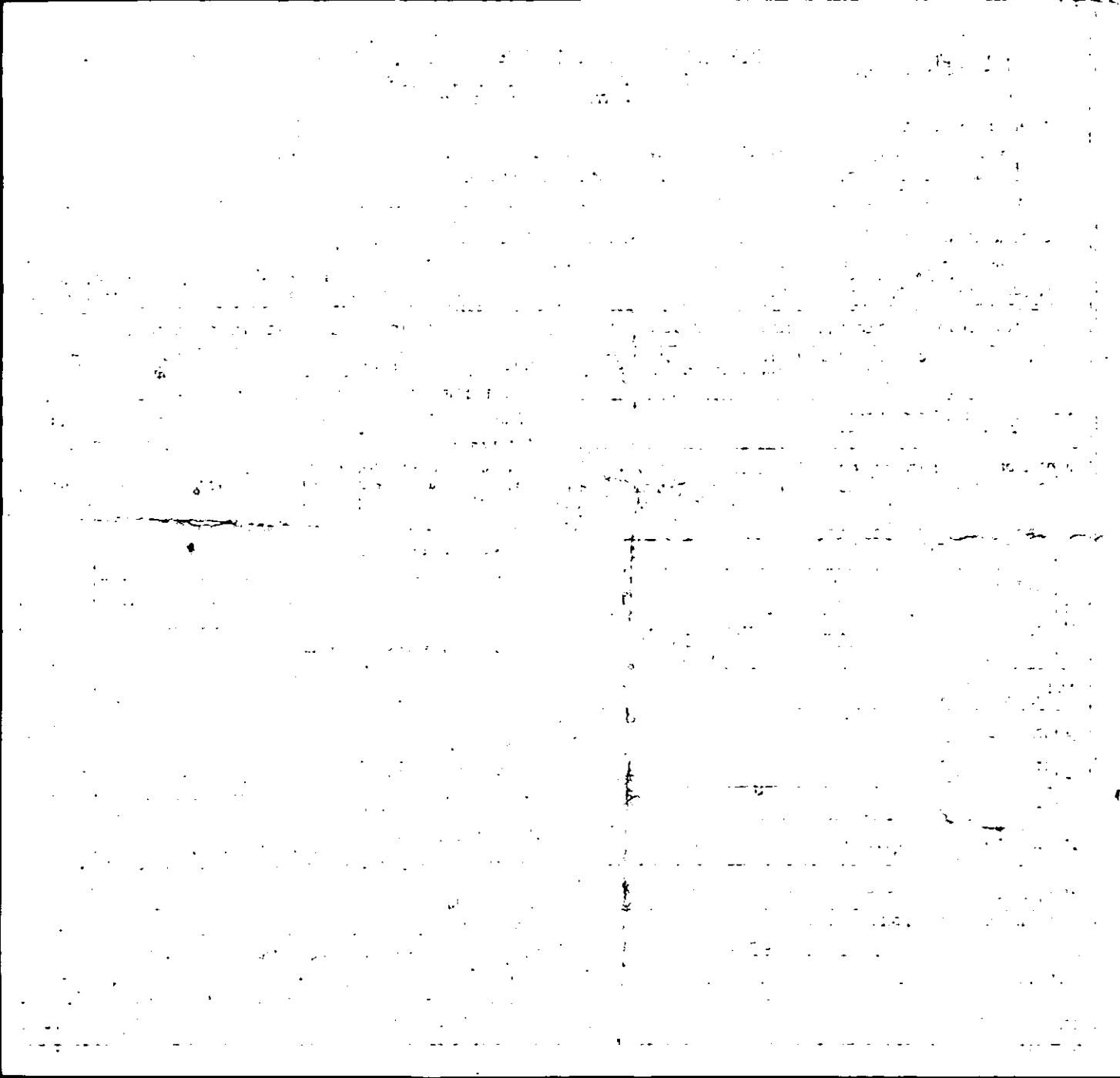
23. If death was due to external causes (violence), fill in also the following:

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? NoIf so, specify ✓(Signed) Dr. R. A. Smith, D.O., M.D.(Address) P. O. Box #62 - Zalme, Mo.



FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

17662
Do not use this space.

1. PLACE OF DEATH

(a) County Bollinger Registration District No. 67
(b) Township Liberty Primary Registration District No. 3104 Registered No. 5
(c) City Liberty (d) Street No. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Interville mo St. Mo
(Usual place of abode, if no street address, write county or city) (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 (write the word) Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 24 1937

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
10 19

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

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

13. NAME Martin Henry Van Kester

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

15. MAIDEN NAME Rose Cecelia Heinicke

16. BIRTHPLACE (CITY OR TOWN) St Louis mo
(STATE OR COUNTRY)

17. INFORMANT Martin Van Kester
(ADDRESS) Interville mo

18. BURIAL, CREMATION OR REMOVAL
PLACES St Johns Cem DATE 1938

19. FUNERAL DIRECTOR J. J. merrell-Leopold
(ADDRESS)

20. FILED 7/12/1 1938 Mrs C.A. Sander
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY That I attended deceased from Feb 7 to Feb 11, 1938

I last saw him alive on Feb 11, 1938. Death is said to have occurred on the date stated above, at 8:30 AM. The principal cause of death and related causes of importance were as follows:

Bacterial pneumonia Date of onset

Other contributory causes of importance:

Tonsillitis
measles

Name of operation Date of

What test confirmed diagnosis? 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?

specify

(Signed) R. A. Smith M.D.

(Address) P.O. Box 62

Interville mo

By Mrs H.A. Sellers

1938
S-17662