

18707

DEC'D JUN 20 1938

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

1. PLACE OF DEATH

 County Lamar
 Township M Pleasant
 City _____ (No. _____ St. _____ Ward _____)

 Registration District No. 1030
 Primary Registration District No. 5685

 File No. _____
 Registered No. 3

2. FULL NAME

 (a) Residence, No. _____ St. _____ Ward _____
 (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. (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) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-13-1912
 7. AGE YEARS 25 MONTHS 8 DAYS 18 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer farm

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 life12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Freistadt13. NAME Herb Meyer14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bumary15. MAIDEN NAME Agnes Holle16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Freistadt17. INFORMANT Oscar Klitbocker18. BURIAL, CREMATION, OR REMOVAL PLACE Freistadt cemetery DATE 5-4-193819. UNDERTAKER John Gohl20. FILED 671 1938 Pine Woods Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 1-193822. I HEREBY CERTIFY, That I attended deceased from Mar. 27, 1938, to May 1-, 1938I last saw him... alive on Mar 27-, 1938 Death is said to have occurred on the date stated above, at 6 p. m.

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

Cerebral Hemorrhage Date of onset 5-1-38

Other contributory causes of importance:

Hypertension with cerebral lesion for past year

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? _____

If so, specify _____ (Signed) M. Gohl, M. D.(Address) Salome Mo 427

