

REC'D JUN 8 1938

2
1

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

Do not use this space.

18800

1. PLACE OF DEATH

County MaconRegistration District No. 532

Township

Primary Registration District No. 4318City La Plata (No. _____)

St. _____ Ward _____

2. FULL NAME Theodore Furst (698)(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

M

4. COLOR OR RACE

W5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
married

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

Mrs. Lena Furst

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

Feb. 1, 1860

7. AGE

YEARS
78MONTHS
3DAYS
27

If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

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

contractor

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)

Luxemburg, Germany

13. NAME

Do not know

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

Do not know

15. MAIDEN NAME

Do not know

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

Do not know

17. INFORMANT (ADDRESS)

Frances Furst
La Plata, Missouri

18. BURIAL, CREMATION, OR REMOVAL

PLACE La Plata DATE May 31 1938

19. UNDERTAKER (ADDRESS)

D. S. Christie
La Plata, Mo.

20. FILED

June 1 1938 Louise J. Smith
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 28, 193822. I HEREBY CERTIFY, That I attended deceased from March 2, 1938, to May 28, 1938I last saw him alive on May 28, 1938. Death is said to have occurred on the date stated above, at 5 P. m.

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

Gas Bacillus Sengrense
of foot & leg. 131

Other contributory causes of importance:
Chronic Parenchymatous Nephritis.

Date of onset

Name of operation _____ Date of _____

What test confirmed diagnosis? none Was there an autopsy? NO23. 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) H. O. Newton, M. D.475 (Address) La Plata Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

