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.

DEED SEP 28 1938

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

30269
Do not use this space.

1. PLACE OF DEATH
(a) County Warren
(b) Township
(c) City Warrenton
(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.

Registration District No. 881
Primary Registration District No. 4534
Registered No. 23

2. PRINT FULL NAME HENRY VOSHOLL
(a) Residence, No. 240 St.
(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*): WIDOWED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAY 1, 1852

7. AGE: Years 86 | Months 3 | Days 4 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Professor of
9. Industry or business in which work was done, as saw mill, bank, etc. Central Michigan College
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) Blue Island, Ill.

FATHER
13. NAME Henry Vosholl
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Louisa Engelke
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Mrs. Rosetta Sauer, Warrenton, Mo.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Warrenton City Cem. DATE Aug. 8, 1938

19. FUNERAL DIRECTOR (ADDRESS) F. W. Meyburg & Son, Warrenton, Mo.

20. FILED Aug. 10, 1938 A. W. Dehling, Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 5, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 17th, 1937 to Aug. 5th, 1938
I last saw him alive on Aug. 5th, 1938. Death is said to have occurred on the date stated above, at 11:40 P.m.
The principal cause of death and related causes of importance were as follows:

Pulmonary Edema, Chronic Valvular Heart Disease, Broken Compensation

Date of onset

Other contributory causes of importance: Degeneration of Heart Muscle, Senility

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No Date of injury 0, 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) O. F. Brandt, M. D.
(Address) 802 Warrenton, Mo.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, John F. Nieburg, Licensed Embalmer No. 3897

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Self

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed John F. Nieburg

Licensed Embalmer No. 3897

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)