

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.

NOV 14 1938

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

36473

Do not use this space.

1. PLACE OF DEATH

(a) County Perry
(b) Township Union
(c) City Union
(e) Length of residence in city or town where death occurred 400 yrs. mos. ds.

(d) Street No. 969
(f) How long in U.S., if of foreign birth? 5877 yrs. mos. ds.
(If death occurred in Hospital or Institution, write its name instead of street and number)

Registered No. St.

2. PRINT FULL NAME

(a) Residence, No. Gottfried B. Telle St. Uniontown 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 Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 9 1866
7. AGE YEARS 71 MONTHS 11 DAYS 7
If LESS than 1 day, hrs. or min.

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. Farmer
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Perry co. Mo.
(STATE OR COUNTRY)

13. NAME Herman Telle
14. BIRTHPLACE (CITY OR TOWN) Germany
(STATE OR COUNTRY)

15. MAIDEN NAME Eva Hemmann
16. BIRTHPLACE (CITY OR TOWN) Germany
(STATE OR COUNTRY)

17. INFORMANT Martha Telle
(ADDRESS) Uniontown Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Uniontown Mo. DATE Sept. 19 38

19. FUNERAL DIRECTOR (NAME) Young & Sons
(ADDRESS) Perryville Mo.

20. FILED Nov 9 1938 Ben Halter
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 16 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 1st 1938 to Sept 16 1938
I last saw him alive on Sept 15 1938. Death is said to have occurred on the date stated above, at 11:30 P.M.
The principal cause of death and related causes of importance were as follows:

Diabetes mellitus 1936
Date of onset
Other contributory causes of importance: 54

Name of operation Tubing Date of No.
What test confirmed diagnosis? Tubing 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 No.
Where did injury occur? No. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury No.
Nature of injury No.

24. Was disease or injury in any way related to occupation of deceased?
If so, specify No.
(Signed) 613 Bowman M. D.
(Address) Old Appleton, Mo.

OFFICIAL RECORD OF THE
STATE OF MISSISSIPPI
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, _____, or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed _____

Licensed Embalmer No. 2135

P. O. Address Greenville, Mo.

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

If this body is not embalmed, above space should be left blank.