

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

Do not use this space.

NOV 26 1938

1. PLACE OF DEATH

County Warren
Township Elkhorn
City Warrenton (No. 216)

Registration District No. 881
Primary Registration District No. 6171

File No. 37113
Registered No. 33
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 10 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) widowed

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary K. Jaspering

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 20 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
79 8 16

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

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) Warren Co Mo

13. NAME Fred. Jaspering

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

15. MAIDEN NAME Henriette Koelling

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

17. INFORMANT (ADDRESS) Mr. Julius Hindsmann
Warrenton, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Warrenton Mo DATE Oct 8 1938

19. UNDERTAKER (ADDRESS) F. N. Mische
Warrenton Mo.

20. FILED Oct 8 1938 Registrar. A. W. Whiting

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-6, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 28, 1938, to Oct 5, 1938

I last saw him alive on 10-5, 1938. Death is said to have occurred on the date stated above, at 4 P., m.

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

Chronic Myocarditis Date of onset ?

Other contributory causes of importance: 63C

Bronchitis 9/6/38

Name of operation none Date of _____

What test confirmed diagnosis? From 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? No

If so, specify _____

(Signed) Charles L. Evans, M. D.
(Address) Warrenton Mo

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.

