

DEC 9 1938

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

Do not use this space.

1. PLACE OF DEATH

County Iron
Township Acadad
City Ironton

Registration District No. 7130
Primary Registration District No. St. Mary's Hospital

File No. 29348
Registered No. 65
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____
(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)

Married

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

Helda Rehkop

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

Jan 15, 1914

7. AGE

YEARS
24MONTHS
9DAYS
22

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

OCCUPATION

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

Miner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Miner

10. Date deceased last worked at this occupation (month and year)

June, 1938

11. Total time (years) spent in this occupation

1 yr 9 mo

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

Madison Co Mo

13. NAME

Henry Rehkop

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

Bonne Terre Mo

15. MAIDEN NAME

Nancy Louisa Underwood

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

Madison Co Mo

17. INFORMANT (ADDRESS)

Henry Rehkop
Acadad, Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Farmington Mo DATE Nov 8, 1938

19. UNDERTAKER (ADDRESS)

William B. O'Connor
Fredericktown Mo

20. FILED

Nov 8, 1938 Rea Raschke
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 6, 193822. I HEREBY CERTIFY, That I attended deceased from 11-2, 1938, to 11-6, 1938.

I last saw him alive on _____, 19____. Death is said

to have occurred on the date stated above, at _____ m.

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

Septicemia Date of onsetStaphylococcus
201 m

Other contributory causes of importance:

Strainsburg Anemiaabscess of ear legName of operation excision of abscess Date of 11-3-38What test confirmed diagnosis? Culture Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Yes Date of injury April, 1938Where did injury occur? W. Va. to W. Va. Mo

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ambulatory - was working inNature of injury struck by pipe

24. Was disease or injury in any way related to occupation of deceased?

If so, specify Yes

(Signed)

Henry M. G. M. D.(Address) Ironton - Mo.

Registrar

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.

Statement By Licensed Embalmer

I, William B. O'Connor, Licensed Embalmer No. 3975 hereby certify that the body recorded on the reverse side of this certificate was embalmed by me.

Signed William B. O'Connor
Licensed Embalmer No. 3975