

Feb 6

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

Do not use this space.

1. PLACE OF DEATH
 36 County Franklin Registration District No. 297
 Township _____ Primary Registration District No. 3016
 2 City Washington (No. St. Francis Hospital)
 455 Herman Fredrick Pohlman
 2 Oswestry, Mo St. _____ Ward _____
 (a) Residence, No. _____ (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.

File No. 2210
 Registered No. 67
 St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M 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 Mrs. Maud Pohlman
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 22nd 1888
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
50 6 22
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General Labor
 10. Date deceased last worked at this occupation (month and year) 12-24-38 11. Total time (years) spent in this occupation 38

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 14, 1939
 22. I HEREBY CERTIFY That I attended deceased from Jan 14, 1939, to Jan 14, 1939
 I last saw him alive on Jan 14, 1939. Death is said to have occurred on the date stated above, at 9:30 P.M.
 The principal cause of death and related causes of importance were as follows:

Chronic Interstitial Nephritis
Heart Disease
 Date of onset Heart Disease
 Other contributory causes of importance:
Heart Disease

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marion Mo.
 13. NAME Unknown Pohlman
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
 15. MAIDEN NAME Unknown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
 17. INFORMANT Mrs. Maud Pohlman (ADDRESS) Oswestry, Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Howard Cemetery, Platteau, Mo. DATE 1-18-1939
 19. UNDERTAKER Lagmay & Murray (ADDRESS) Oswestry, Mo.
 20. FILED Jan 15, 1939 H.A. May Registrar.

Name of operation none Date of _____
 What test confirmed diagnosis? Biopsy Was there an autopsy? no
 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) R. P. Cottle, M. D.
 (Address) Washington, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. AGENT should be stated EXACTLY. PHYSICIANS should state

