

REC'D FEB 28 1939

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

Do not use this space.

1. PLACE OF DEATH

County

Township

City

Warren

Ell-horn

(No.

Registration District No.

Primary Registration District No.

881

6171

File No.

Registered No.

4218

2

St.

Ward)

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

St.

Ward.

Length of residence in city or town where death occurred 4 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

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

male

white

married

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

Julie Hoelscher

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

July 18, 1868

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

10

5

15

OCCUPATION

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)

Dec 17 38

11. Total time (years) spent in this occupation

MOTHER

FATHER

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

Warren Co., Mo.

13. NAME

Henry Hoelscher

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

Germany

15. MAIDEN NAME

Eber Seese

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

Virginia

17. INFORMANT (ADDRESS)

Mrs. Edwin Schmidt
W. Arroyator, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

Warrenton City, Ore. June 6 1939

19. UNDERTAKER (ADDRESS)

F. Amishe
Warrenton, Mo.

20. FILED

June 6 1939

A. W. Chilling
Registered

MEDICAL CERTIFICATE OF DEATH

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

Jan 3, 1939

22. I HEREBY CERTIFY That I attended deceased from

Dec 29, 1938, to Jan 3, 1939

I last saw him alive on Jan 30, 1939. Death is said

to have occurred on the date stated above, at 9:15 a.m.

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

Bronchopneumonia

Date of onset
12/23/38

Other contributory causes of importance:

Myocarditis-chronic

Name of operation

None

Date of

What test confirmed diagnosis? None 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)

Charles L. Garcia, M.D.

(Address)

Warrenton, Mo.

802

Registered

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.

$$\begin{array}{r} 1939^8 - 1^{12} - 13^{30} \\ 1875^9 - 2^8 \\ \hline 63 - 3 - 15 \end{array}$$