

Dr. Maxey
REC'D APR 6 1939

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

10571
Do not use this space.

1. PLACE OF DEATH

(a) County Cole Registration District No. 213
(b) Township Jefferson Primary Registration District No. 3014 Registered No. 82
(c) City Jefferson (d) Street No. St. Mary's Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Harold Viets
(a) Residence, No. 407 Broadway St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

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 Nora Viets
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May-9-1912
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 26 10 17
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Printer
9. Industry or business in which work was done, as 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) Cole Camp, Mo.

FATHER 13. NAME Henry Viets

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cole Camp, Mo.

MOTHER 15. MAIDEN NAME Catherine Fischer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cole Camp, Mo.

17. INFORMANT O.J. Viets
(ADDRESS) Jefferson City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE River View Cem DATE Mar-28-- 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. H. Gordon
Jefferson City, Mo.

20. FILED 3/27/39 A. B. Brahm Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 26 1939

I HEREBY CERTIFY That I attended deceased from Feb 27 1939 to Mar 26 1939
I last saw him alive on Mar 26 1939 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:
Streptococcus pneumoniae
followed by infection in lower part of right leg
and of right leg Date of onset 3-16-39

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? 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) W. H. Gordon M. D.
Jefferson City, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

26
68

16
178
JUN 8 1954

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.....

Ferd P. Dulle

....., Registered Apprentice No. 1.....

working under my personal supervision.

Signed.....

Ferd P. Dulle

Licensed Embalmer No. *3890*

P. O. Address.....

Jefferson City

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.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

105-71
Do not use this space.

1. PLACE OF DEATH

(a) County Cole Registration District No. 213
(b) Township Jefferson Primary Registration District No. 3014 Registered No.
(c) City Jefferson (d) Street No. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred, yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Harold Viete St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

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

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

OCCUPATION
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.
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)

FATHER
13. NAME

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

MOTHER
15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 19

Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 26 1957

22. I HEREBY CERTIFY, That I attended deceased from 19..... to..... 19.....

I last saw h..... 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:

Streptococcus Septicemia
following infection of lower
end of nasal septum 15/57
Other contributory causes of importance:
Turnered end of septum
regan unresponsive patient

Name of operation Date of

What test confirmed diagnosis? 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?

If so, specify

(Signed) H. M. Masey, M. D.

(Address) Jefferson City, Mo.

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