

DEC'D MAY 18 1939

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

15360

Do not use this space.

1. PLACE OF DEATH

(a) County Lewis Registration District No. 477
 (b) Township Dickerson Primary Registration District No. 5646 Registered No. 20
 (c) City..... (d) Street No.....
 (If death occurred in Hospital or Institution, write its name instead of street and number) St.
 (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 William August O. Voss

(a) Residence, No. Lewis County 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 1st. 1873

7. AGE YEARS 65 MONTHS 5 DAYS 21 If LESS than 1 day, hrs. or min.

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

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) Stettin
 (STATE OR COUNTRY) Germany

13. NAME August Voss

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

15. MAIDEN NAME Emiline Weidhardt

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

17. INFORMANT George Spilker
 (ADDRESS) La Grange, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Midway DATE April 24th, 1939

19. FUNERAL DIRECTOR (NAME) A. A. Roberts
 (ADDRESS) La Grange, Mo.

20. FILED Apr. 24, 1939 H. W. Harris, M.D. (Address) La Grange, Mo.
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 22nd, 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct. 1st, 1938 to April 22, 1939

I last saw him alive on Feb. 20th, 1939. Death is said to have occurred on the date stated above, at 12:30 p.m.

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

Chronic Bronchitis
(Fetor)
Acute Bronchitis for
20 or 25 years

Date of onset

Jan 39Other contributory causes of importance: 106 lb

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? Yes

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? Yes

If so, specify.....

(Signed) W. D. Owens, M. D.(Address) La Grange, Mo.

RECEIVED

District Health Officer No. 10

District File Number 10-39-815

Date Filed MAY 3 1939

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,

April 22nd 1939

or by

Registered Apprentice No., working under my personal supervision.

Signed A. A. Roberts

Licensed Embalmer No. 1626

P. O. Address St. Charles Mo

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.