

DEED MAY 16 1939

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

Do not use this space.

15675

1. PLACE OF DEATH

County Nodaway
Township
City Marionville

Registration District No. 625

Primary Registration District No. 3031

File No. _____

Registered No. 57

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(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.

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 Hannah Butler

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-7-1881

7. AGE YEARS 58 MONTHS 2 DAYS 19 If LESS than 1 day, _____ hrs. or _____ min.

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) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Rock Post (STATE OR COUNTRY) Mo

13. NAME Conrad Deatz

14. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY) 0

15. MAIDEN NAME Mary Townsend

16. BIRTHPLACE (CITY OR TOWN) Rock Post (STATE OR COUNTRY) Mo

17. INFORMANT Merrill Deatz (ADDRESS) Rock Post Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Onea Ash Grove DATE 4-28 1939

19. UNDERTAKER Chas. Bartholomew (ADDRESS) Rock Post Mo

20. FILED 4-28 1939 Marie E. Clardy Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from November 1937, to April 26 1939

I last saw him alive on April 25 1939 Death is said

to have occurred on the date stated above, at 7 A. m.

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

hypertension, malignant Date of onset 1937

Other contributory causes of importance: hypertensive heart disease 1938

chronic progressive nephritis 1939

Name of operation _____ Date of _____
What test confirmed diagnosis Cholera 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) Benjamin J. Hoover, M. D.
(Address) Rock Post, Mo.

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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.

RECEIVED

District Health Officer No. 11,

District File Number 11-39-521

Date Filed MAY 15 1939