

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

17998
 Do not use this space.

REC'D JUN 13 1939

1. PLACE OF DEATH

(a) County Boone Registration District No. 73
 (b) Township _____ Primary Registration District No. 3006 Registered No. 116
 (c) City Columbia, Mo. (d) Street No. Boone Co Hospital, Columbia, Mo. 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 August Proett
 (a) Residence, No. Hartsburg, Mo St. HARTSLBURG MO
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 23 1863

7. AGE	YEARS	MONTHS	DAYS	IF LESS THAN 1 day,hrs. ormin.
	<u>75</u>	<u>8</u>	<u>7</u>	

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) Retired farmer
 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Herman, Mo

FATHER

13. NAME Anton Proett
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER

15. MAIDEN NAME Schalet Schaeperkötter
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Miss Elizabeth Proett
 (ADDRESS) Hartsburg, Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Hartsburg, Mo DATE June 8 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Bressler Funeral Home
Jefferson City, Mo

20. FILED 5/31/39 Abbie Selby
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 30 1939

22. I HEREBY CERTIFY, That I attended deceased from May 10 1939 to May 29 1939
 I last saw him alive on May 29 1939. Death is said to have occurred on the date stated above, at 7:45 a.m.
 The principal cause of death and related causes of importance were as follows:
Pneumonia Lobar
Prostatic hypertrophy
 Date of onset May 28, 39

Other contributory causes of importance:
Infected cystitis
 Name of operation Infected cystitis Date of May 27, 39
 What test confirmed diagnosis? Cystitis 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? N.O.
 If so, specify _____ (Signed) H. L. Rose _____, M. D.
 (Address) Columbia, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

20M-9-1933 I X 16605

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 me
....., Registered Apprentice No.
working under my personal supervision.

Signed Victor Buescher

Licensed Embalmer No. 3701

P. O. Address J. C. 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.