

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.

JUL 6 1939

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

22065
Do not use this space.

1. PLACE OF DEATH

(a) County Franklin Registration District No. 297
 (b) Township Washington Primary Registration District No. 3016 Registered No. 58
 (c) City Washington (d) Street No. 4th & Penn St. 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 18 yrs. X mos. X ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

200 Henry H. Vocke
 (a) Residence, No. 4th & Penn St. Washington, Mo. 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 DECEASED Tillie Vocke

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 12th, 1875.

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
63 8 19

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Merchant.
 9. Industry or business in which work was done, as saw mill, bank, etc. X
 10. Date deceased last worked at this occupation (month and year) Apr. 1939. 11. Total time (years) spent in this occupation X

12. BIRTHPLACE (CITY OR TOWN) Washington, 0
 (STATE OR COUNTRY) Missouri. 6

FATHER 13. NAME August Vocke. 6

FATHER 14. BIRTHPLACE (CITY OR TOWN) Unknown. 6
 (STATE OR COUNTRY) Germany.

MOTHER 15. MAIDEN NAME Wilimina Uttman.

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

17. INFORMANT Mrs. Henry H. Vocke.
 (ADDRESS) Washington, Missouri.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Washington, Mo. DATE June 3rd, 1939.

19. FUNERAL DIRECTOR (NAME) Nieburg & Vitt, Inc.
 (ADDRESS) Washington, Missouri.

20. FILED June 1 - 1939 HA. May
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 31st, 1939.

22. I HEREBY CERTIFY, That I attended deceased from April 22nd, 1939, to May 31st, 1939
 I last saw him alive on May 31st, 1939. Death is said to have occurred on the date stated above, at, 10:00 A.M.
 The principal cause of death and related causes of importance were as follows:

Cirrhosis of Liver Date of onset April 1938.
(A. Alcoholics)
114

Other contributory causes of importance:
Chronic Myocarditis April 1938.

Name of operation Abdominal Pericentesis Date of operation April 29th, 1939.
 What test confirmed diagnosis? Chemical 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? No
 If so, specify
 (Signed) Charles Edward Sutton M. D.
 (Address) 1210 Oak St. Washington Mo.

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,

Lester H. Vitt

, or by

Registered Apprentice No., working under my personal supervision.

Signed

Lester H. Vitt

Licensed Embalmer No. *3254*

P. O. Address

Washington, Md

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.