

NOV 24 1939

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

Do not use this space.

35934

1. PLACE OF DEATH

29 County Laclede
Township Grant
City 2179 (No. Louis Henry Kaelke)

Registration District No. 238
Primary Registration District No. 3327

File No.
Registered No.
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 M 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 Dora Kaelke

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 27-1866

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
72 6 5

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stockman and
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer
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) Belleville Ill.

MOTHER 13. NAME Christian Kaelke 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Minnie Quecker

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

17. INFORMANT (ADDRESS) Ralph Kaelke
Lockwood Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Lockwood DATE May 4 1939

19. UNDERTAKER (ADDRESS) Jay Caldwell
Lockwood Mo

20. FILED 5-15 1939 J. A. Wren Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 2 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 17 1939, to May 2 1939
I last saw him alive on April 29 1939. Death is said to have occurred on the date stated above, at 10:30 PM,
The principal cause of death and related causes of importance were as follows:

Cocciemia of Stomach
Date of onset about
from
Paris
Togo
H/O

Other contributory causes of importance:

Name of operation Tooth Extraction Date of 1939
What test confirmed diagnosis? clinical 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) J. M. Brooks M. D.
(Address) Baldwin City, Mo

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.

Handwritten signature