NOV 24 1939

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

Do not use this space.

36245

1. PLACE OF DEATH

County: Howell — Registration District No.: 385 — File No.:

Township: — Primary Registration District No.: 4228 — Registered No.:

City: Willow Springs. (No. ..., ..., St. ..., Ward)

2. FULL NAME 510 Edwin Paul Tenhoff

(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 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ HUSBAND OF ~~(OR) WIFE OF~~ Bertha C. Tenhoff

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 22d. 1899

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	40	3	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Civil Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. State Highway's

10. Date deceased last worked at this occupation (month and year) Sept 26/1939

11. Total time (years) spent in this occupation 25 Yrs.

12. BIRTHPLACE (CITY OR TOWN) Fairmont. (STATE OR COUNTRY) Martin Co, Minnesota

FATHER

13. NAME George Tenhoff

14. BIRTHPLACE (CITY OR TOWN) Dont Know (STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME Miss Tyler

16. BIRTHPLACE (CITY OR TOWN) Dont Know (STATE OR COUNTRY)

17. INFORMANT Bertha C. Tenhoff (Wife) (ADDRESS) Willow Springs. Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Houston. Minn DATE 11-1-, 1939

19. UNDERTAKER T. R. Burns & Son. (ADDRESS) Willow Springs, Mo.

20. FILED 10-30, 1939 Marette Ferguson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-28-, 1939

22. I HEREBY CERTIFY, That I attended deceased from 9-27-, 1939, to 10-28-, 1939

I last saw him alive on 10-28-, 1939. Death is said to have occurred on the date stated above, at 9.00 a.m.

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

	Date of onset
Pulmonary Embolus	10-28-39
Other contributory causes of importance:	
Pleurisy with effusion	9-27-39
Varicose veins of legs	1938

Name of operation ... Date of ...

What test confirmed diagnosis? X-ray 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) [signature], M. D.

(Address) Willow Springs, 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.

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

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RECEIVED
District Health Officer No. 5,
District File Number 139346
Date Filed 11839