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.

50M-10-22-36 I X9314

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

Do not use this space.

44476

1. PLACE OF DEATH
County St. Charles 2 Registration District No. 755
Township Femme Osage 1 Primary Registration District No. 5996a
City Augusta Mo (No. ..... St. ..... Ward)

File No. .....
Registered No. .....

2. FULL NAME 426 Fritz Voelkerding
(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 32 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 W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Francis Voelkerding

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 31-1871

7. AGE YEARS 68 MONTHS 4 DAYS 30 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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) (STATE OR COUNTRY) Augusta Mo

FATHER
13. NAME Herman Voelkerding
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Johanna Mette
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Lydia Voelkerding

18. BURIAL, CREMATION, OR REMOVAL
PLACE Cath. cemetery DATE Jan. 2 1940

19. UNDERTAKER (ADDRESS) Thilking & Muschany Augusta Mo

20. FILED Jan 1 1940 Salvin Clay Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Jan 2, 1932, to Dec 30, 1939
I last saw him alive on Dec 30, 1939 Death is said to have occurred on the date stated above, at 530 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	5 days
1070	

Other contributory causes of importance:

Hypertension	7 yrs
Arteriosclerosis	7 yrs
Chronic alcoholism	50 yrs.

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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) Salvin Clay, M. D.
(Address) Augusta Mo