

FILED JUL 7 1941

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

Do not use this space.

1. PLACE OF DEATH

County Henry Registration District No. 355
Township Walker Primary Registration District No. 5498
City Montone (No. _____) St. _____ (Ward) _____File No. 2178042
Registered No. 150

2. FULL NAME

(a) Residence, No. Montone no 2002 Ward. 0
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 8-18707. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
70 8 108. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

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 Life12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany13. NAME Therman Mentz14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany15. MAIDEN NAME Douline Mairald16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany17. INFORMANT Rudolph Mentz
(ADDRESS) Montone no 2002

18. BURIAL, CREMATION, OR REMOVAL

PLACE Germany DATE June 9 194119. UNDERTAKER Fred C. Wilkinson
(ADDRESS) Clinton mo20. FILED 6-9-41 19. W. E. Baggerly Registrar 317

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 8 1941

22. I HEREBY CERTIFY That I attended deceased from

May 15, 1941, to June 6, 1941I last saw him alive on May 30, 1941 Death is saidto have occurred on the date stated above, at 6:30 a.m.

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

Myocarditis, & Arteriosclerosis
5-12-41Other contributory causes of importance: 93 1/2

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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) W. E. Baggerly O. M. D.(Address) Clinton 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

I 20314

RECEIVED

District Health Officer No. 7,

District File Number 7-41-1869

Date Filed 7-2-41