

My file No. 2

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

37033

1 PLACE OF DEATH

County Henry  
Township Devils  
or  
Village Clinton  
or  
City (NO. St. Ward)

Registration District No. 355 File No. ....  
Primary Registration District No. 5497 Registered No. ....  
St. Ward

2 FULL NAME Fredrick Jehnder, Sr.

If death occurred  
hospital or institution  
give its NAME  
of street and number

PERSONAL AND STATISTICAL PARTICULARS

3 MEDICAL CERTIFICATE OF DEATH

3 SEX Male 4 COLOR OR RACE white 5 SINGLE MARRIED WIDOWED OR DIVORCED Married  
(Write the word)

16 DATE OF DEATH Dec 31, 1922  
(Month) (Day) (Year)

6 DATE OF BIRTH Dec 19, 1846  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased Dec 26, 1922 to Dec 31, 1922  
that I last saw him alive on Dec 31, 1922

7 AGE 76 yrs 12 mos 12 ds.  
If LESS than 1 day, hrs. or min.?

and that death occurred, on the date stated above, at 10:30

8 OCCUPATION (a) Trade, profession, or particular kind of work Farmer  
(b) General nature of industry business, or establishment in which employed (or employer)

The CAUSE OF DEATH\* was as follows:  
Acute Bronchitis

9 BIRTHPLACE Switzerland  
(City or town, State or foreign country)

(Duration) 1 yrs 5 mos

10 NAME OF FATHER Adrian Jehnder

CONTRIBUTORY Asthma  
(Secondary) (Duration) 10 yrs 6 mos

11 BIRTHPLACE OF FATHER Switzerland  
(City or town, State or foreign country)

(Signed) W. Kelly MD  
1-2, 1923 (Address) La Rue

12 MAIDEN NAME OF MOTHER Annie Kerrin

\*State the Disease Causing Death, or, in deaths from Violent Causes (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal

13 BIRTHPLACE OF MOTHER Switzerland  
(City or town, State or foreign country)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  
At place of death yrs. mos. ds. In the State yrs. mos.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Marie Jehnder

Where was disease contracted if not at place of death?  
Former or usual residence

(Address) Montrose Mo

19 PLACE OF BURIAL OR REMOVAL Storia Chapel DATE OF BURIAL 1-3-1923

15 Filed Dec 31, 1922 J. P. Stehler  
Registrar

20 UNDERTAKER J. J. ... ADDRESS Montrose

MARGIN RESERVED FOR BINDING WRITE MAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

NOTE—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

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.

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CERTIFICATE OF DEATH

1 PLACE OF DEATH .....

2 FULL NAME .....

3 PERSONAL AND STATISTICAL PARTICULARS

4 COLOR OR RACE .....

5 SINGLE  
6 MARRIED  
7 WIDOWED  
8 OR DIVORCED  
(Write the word)

9 AGE .....

10 SEX .....

11 DATE OF BIRTH .....

12 OCCUPATION .....

13 BIRTHPLACE .....

14 BIRTHPLACE OF FATHER .....

15 BIRTHPLACE OF MOTHER .....

16 BIRTHPLACE OF MOTHER .....

17 I HEREBY CERTIFY, that I attended deceased from .....

18 I last saw h..... alive on .....

19 and that death occurred, on the date stated above, at.....m.

20 The CAUSE OF DEATH\* was as follows:

21 CONTRIBUTORY .....

22 (Signed) .....

23 STATE OF DEATH .....

24 LENGTH OF RESIDENCE .....

25 At place of death .....

26 Where was disease contracted .....

27 Former or usual residence .....

28 PLACE OF BURIAL OR REMOVAL .....

29 UNDERTAKER .....

11 REGISTRATION DISTRICT NO. ....

12 PRIMARY REGISTRATION DISTRICT NO. ....

13 (NO. ....) St. ....

14 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

15 FILE NO. ....

16 REGISTERED NO. ....

17 WARD .....

18 DATE OF DEATH .....

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18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death .....

Where was disease contracted if not at place of death? .....

Former or usual residence .....

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