

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.

AUG 22 1932

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

1. PLACE OF DEATH

County Buchanan
Township St Joseph
City St Joseph

Registration District No. 1001
Primary Registration District No. 1001

85

22005

File No. 676
Registered No. 676

2. FULL NAME

(a) Residence. No. 1114 Edmond 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 Male 4. COLOR OR RACE White 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) Oct 20-1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 8 22

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmers
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Minnesota

10. NAME OF FATHER Friedrich Trachsel

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Switzerland

12. MAIDEN NAME OF MOTHER Elizabeth Brigo

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Switzerland

14. INFORMANT Records State Hosp
(Address) St Joseph Mo

15. FILED 1 2 1932 John R. Bender REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 12 1932
17. I HEREBY CERTIFY, That I attended deceased from Oct 8 1931 to July 12 1932
that I last saw him alive on July 14 1932, and that death occurred, on the date stated above at 11:25 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar Pneumonia
(duration) yrs. mos. ds. 4
CONTRIBUTORY Chronic Myocarditis
(SECONDARY) over 108
(duration) yrs. mos. ds. 8 mos. 24 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF ①

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? X Ray
(Signed) Dr. Charles Smith, M. D.

4/2/1932 (Address) St Joseph Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Oak Grove Cem Union Star Mo DATE OF BURIAL July 13 1932

20. UNDERTAKER Hector Beck & Bowman ADDRESS 319 So. 10th

General Home

