

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

Do not use this space.

3746

1. PLACE OF DEATH

79 County Greene
Township Union
City _____ (No. _____)

Registration District No. 969
Primary Registration District No. 5877

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 10 - 1849

7. AGE YEARS 83 MONTHS 4 DAYS 7 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none
10. Date deceased last worked at this occupation (month and year) none 11. Total time (years) spent in this occupation none

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

13. NAME Gottbold Thomas

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME don't know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) B. O. Schaefer
Old Appleton

18. BURIAL, CREMATION, OR REMOVAL PLACE Uniontown, Pa. DATE 2-20 1933

19. UNDERTAKER (ADDRESS) Goelhaus & Sons
Uniontown, Pa.

20. FILED 2-23 1933 D. A. Mueller Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 17 1933

22. I HEREBY CERTIFY, That I attended deceased from February 16, 1933, to February 17, 1933
I last saw him alive on February 16, 1933. Death is said to have occurred on the date stated above, at 9:30 p.m.

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

Pneumonia Date of onset Feb 13, 33

Other contributory causes of importance:

Senility

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 _____, 1933

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) J. H. Haley D.O. M.D.

(Address) Old Appleton, 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.

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Perry
Township Madison
City Madison (No.)

Registration District No. 969
Primary Registration District No. 3877

File No.
Registered No. St. Ward

2. FULL NAME Emma Beck

(a) Residence, No. St. Ward
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>W</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Joseph Beck</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 14 - 1849</u>		
7. AGE <u>83</u>	YEARS <u>4</u>	MONTHS <u>7</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>none</u>		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) <u>Germany</u>		
13. NAME <u>Guthold Thomas</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
15. MAIDEN NAME <u>don't know</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
17. INFORMANT (ADDRESS) <u>Ed. A. Appleton</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Interment</u> DATE <u>2-20</u> 19 <u>33</u>		
19. UNDERTAKER (ADDRESS) <u>Loelmer & Co.</u> <u>Perryville</u>		
20. FILED <u>2-23</u> 19 <u>33</u> <u>Ed. A. Appleton</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 17 1933

22. I HEREBY CERTIFY, That I attended deceased from to , 1933

I last saw h. alive on , 1933. Death is said to have occurred on the date stated above, at m.

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

Senility Date of onset

Other contributory causes of importance:

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 , 1933
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?
If so, specify
(Signed) J. H. Haisley, M. D.
(Address) Ed. A. Appleton and

5-6746