

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

Do not use this space.

24229

1. PLACE OF DEATH

County Leury Registration District No. 347
Township Clinton Primary Registration District No. 3018
City Clinton (No. _____ St. _____ Ward _____)

2. FULL NAME

(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 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

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 Adam Hartzfeldt
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-12-1854
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
80 0 6

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dependent
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) St. Louis Missouri

13. NAME Jacob Weirich

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

15. MAIDEN NAME Caroline Drach

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

17. INFORMANT Natie Crave Taylor (ADDRESS) Clinton, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Englewood DATE July 20 1934

19. UNDERTAKER Lewis Funeral Home (ADDRESS) Clinton Mo.

20. FILED 7-24 1934 J. R. Hampton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-18-1934
22. I HEREBY CERTIFY, That I attended deceased from July 18 1934 to July 18 1934
I last saw him alive on July 18 1934 Death is said to have occurred on the date stated above, at 7:30 p.m.
The principal cause of death and related causes of importance were as follows:

Acute dysentery
130
Other contributory causes of importance:
130
Name of operation None Date of _____
What test confirmed diagnosis? Clinical (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) S. W. Wolyn, 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—THIS IS A PERMANENT RECORD

AUG 13 1934

