

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

Do not use this space.

JUN 2 1937

20158

1. PLACE OF DEATH

42 County Henry
44 Township Clinton
7 City Clinton (No. 347)

Registration District No. 347
Primary Registration District No. 3018

File No. 20158
Registered No. _____
St. _____ Ward _____

2. FULL NAME

John Franklin Dehn
(a) Residence, No. Hickson 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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-18 1937

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

22. I HEREBY CERTIFY, That I attended deceased from 5-3 1937, to 5-18 1937

I last saw him alive on 5-17 1937 Death is said to have occurred on the date stated above, at 5:30 P. m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 27 1858

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

7. AGE YEARS MONTHS DAYS If LESS than day, hrs. or min. 79 2 21

Other contributory causes of importance: _____

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmw.
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

Cortic insufficiency
Myocarditis
Date of onset _____

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

13. NAME Peter Dehn

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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

15. MAIDEN NAME Susan Magel

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. _____

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

17. INFORMANT Mrs John Dehn (ADDRESS) Clinton Mo

Manner of injury _____
Nature of injury _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Clinton DATE 5/20 1937

19. UNDERTAKER Consolers & Beck's (ADDRESS) Clinton Mo

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____ (Signed) James O. Smith, M. D.
(Address) Clinton Mo

20. FILED 6-1 1937 J. R. Hampton Registrar.

CAUSE OF DEATH IN plain terms, so that it may be properly understood

Smith

