

FILED JUN 6 1941 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Henry Registration District No. 352
Township Populata Primary Registration District No. 549.3
City Montone (No. _____) St. _____ (Ward) _____

File No. 17951 1/2
Registered No. 14
St. _____ (Ward) _____

2. FULL NAME

Joseph Suchner
(a) Residence, No. Montone Mo. S. R. R. Ward. _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Rose Suchner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-16-1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 11 28

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

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 Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Montone Mo

13. NAME Kasper Suchner

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

15. MAIDEN NAME Catherine Belker

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

17. INFORMANT Clement Suchner (ADDRESS) Montone Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenwood Mo DATE 5-17 1941

19. UNDERTAKER Fred Wilkinson (ADDRESS) Clinton Mo

20. FILED 5-15 1941 W. E. Baggard Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 14, 1941

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1, 1941 to May 14, 1941

I last saw him alive on May 14, 1941 Death is said

to have occurred on the date stated above, at 5:50 A.M.

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

Chronic myocarditis
Coronary occlusion

Other contributory causes of importance:
Bronchitis + bronchial
Asthma

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 _____, 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? _____

If so, specify _____ (Signed) R. L. Hansen M. D.

(Address) Populata City Mo.

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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.

RECEIVED

Health Officer No. 71

Number 6-41-906

Date Filed 6-4-41