APR 30 1929

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

Do not use this space.

15609

1. PLACE OF DEATH
County Pike
Township Hartford
City New Hartford (No. ..... St. ..... Ward)

Registration District No. 690
Primary Registration District No. 5918

File No. .....
Registered No. .....

2. FULL NAME Franklin Olnhausen

(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. 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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Tessa Mae Olnhausen

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 16 1874

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
54	5	18	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) Pike Co.

PARENTS

10. NAME OF FATHER Andrew Olnhausen
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Ill
12. MAIDEN NAME OF MOTHER Catherine High
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Penna

14. INFORMANT Mrs. Fred Olebarre
(Address) New Hartford

15. FILED Apr. 2 1929 S. Clyde Craig REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 2 1929

17. I HEREBY CERTIFY, That I attended deceased from 4/2, 1929, to 4/2, 1929, that I last saw him alive on 4/2, 1929, and that death occurred, on the date stated above, at 5:4 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Gangrene secondary to Diabetis
59
98B (duration) ..... yrs. ..... mos. 10 ds.

CONTRIBUTORY (SECONDARY) Diabetis
(duration) 5 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? No DATE OF No
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? No

(Signed) J. M. Mathews M.D.
Apr. 2, 1929 (Address) Ashley 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: Ashley Cemetery
DATE OF BURIAL: 4-3-1929

20. UNDERTAKER: Grace Bankhead
ADDRESS: Bowling Green 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