

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

Do not use this space.

37648

1. PLACE OF DEATH

County Lafayette
Township Dover
City Dover (No.)

Registration District No. H60
Primary Registration District No. 3623-13

File No.
Registered No. 79 (Ward)

2. FULL NAME

Martin Philipp

(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 14 1855

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
74 5 25

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) Land 7001-
(c) Name of employer

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

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Frank Philipp Germany

12. MAIDEN NAME OF MOTHER Mary Betty

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

14. INFORMANT (Address) Mr Geo Philipp Dover Mo

15. FILED 14, 1929 Dissie P Porter REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 9 1929

17. I HEREBY CERTIFY, That I attended deceased from Oct 10 10 22 10, 1929, to Nov 9 7 56 9, 1929 that I last saw him alive on Nov 8 11, 1929, and that death occurred, on the date stated above, at m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocardial Insufficiency
100%
00% (duration) yrs. mos. da.
CONTRIBUTORY Bronchitis Chronic (SECONDARY) (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED 9000
IF NOT AT PLACE OF DEATH...
DID AN OPERATION PRECEDE DEATH... DATE OF...
WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) W. H. Howard, M. D.
, 19 (Address) Dover 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 Dover Cemetery DATE OF BURIAL Nov. 11 1929

20. UNDERTAKER Hoftr & Memmehagen ADDRESS Higginsville 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. FILE WITH UNPAID INSTRUCTIONS TO A FATHER. WHILE PLAIN, WITH UNPAID INSTRUCTIONS TO A FATHER.

10/10/10