

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

Do not use this space.

JUN 13 1935

4513-2
File No. 4513-a
Registered No. _____
St. _____ Ward _____

1. PLACE OF DEATH

County Barry

Registration District No. 37

Township White River.

Primary Registration District No. 50.54

City _____ (No. _____)

2. FULL NAME Charles Von Marenholtz.

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

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 Lena Marenholtz. (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 17, 1859.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
72 10 33

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stock-man.
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) Germany.

13. NAME Baron Moritz von Marenholtz

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

15. MAIDEN NAME Not known

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

17. INFORMANT George Von Marenholtz, (ADDRESS) Viola, Missouri.

18. BURIAL, CREMATION, OR REMOVAL PLACE Viola Cemetery. DATE Feb. 1935

19. UNDERTAKER B. H. Atkinson (ADDRESS) Berryville, Arkansas.

20. FILED _____ 19 _____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 10, 1931

22. I HEREBY CERTIFY, That I attended deceased from About Jan. 15, 1931, to _____, 19____.

I last saw him alive on Jan. 15, 1931. Death is said to have occurred on the date stated above, at 9 A. m.

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

Chronic Interstitial Nephritis Date of onset _____

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Other contributory causes of importance: _____

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____.

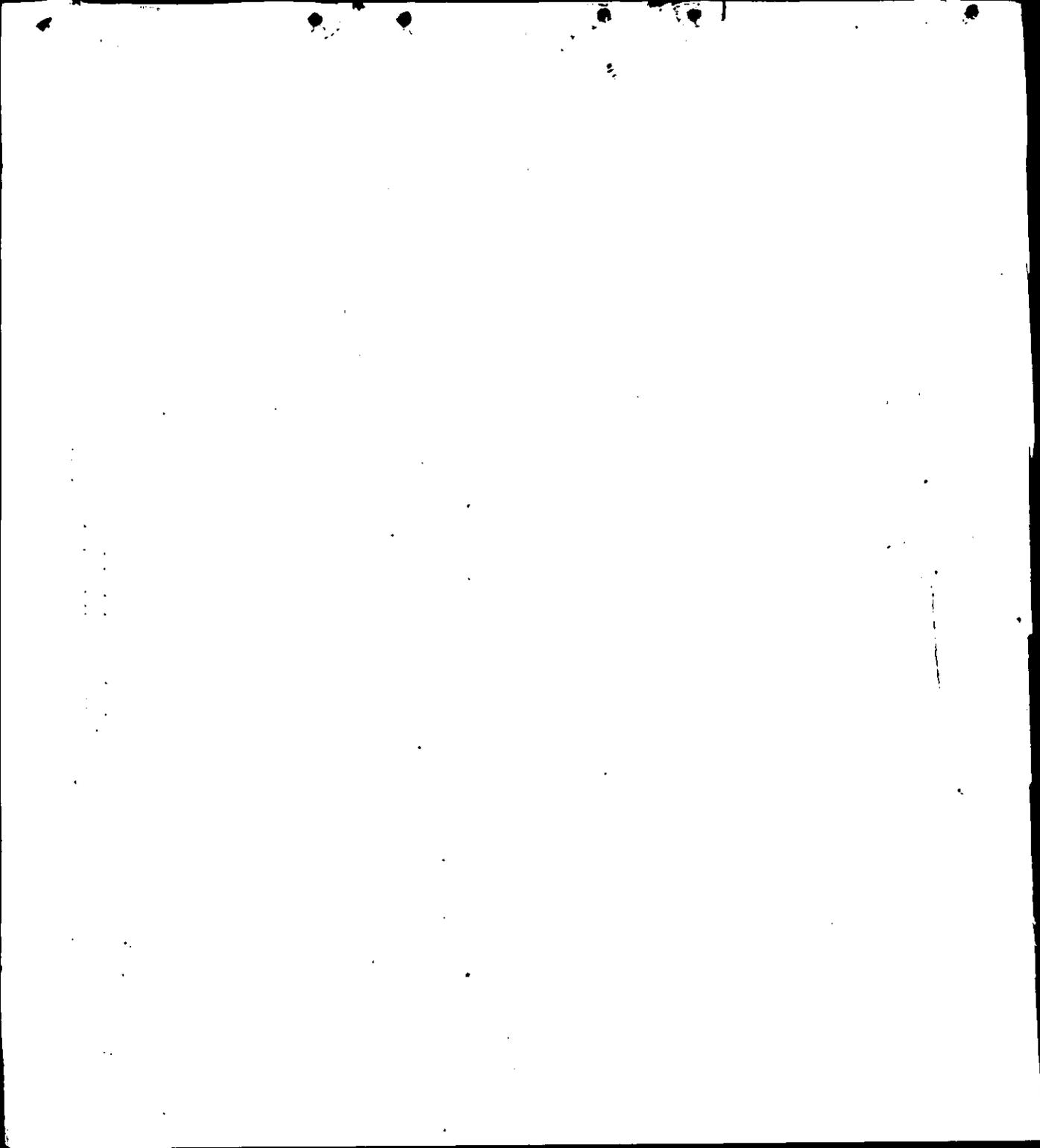
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____ (Signed) C. E. Miller, M. D.
Blue Eye, Missouri. (Address) _____

*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.



I here by certify that
no application for a death
certificate of Charles Von.
Marenholtz. was made to
me until this date
June 3rd 1935

W. E. Miller, M.D.

State of
Missouri
County of Stone.

Subscribed and sworn to
before me a Notary Public
This June 3rd 1935.

W. E. Butler
Notary Public

Blue Eye mo.

STATE BOARD OF
NOTARIES OF
MISSOURI

S.4513-1

1931

