

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

Do not use this space.

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1. PLACE OF DEATH

County Cole Registration District No. 213
Township _____ Primary Registration District No. 2014
City Jefferson (No. _____) St. _____ Ward _____

File No. _____

Registered No. _____

2. FULL NAME Charles A. Truetzel

(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 (OR) WIFE OF Anna Truetzel

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October-2-1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
75 6 1

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. _____

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) Osage City, Mo /

13. NAME John Truetzel

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

15. MAIDEN NAME Margaret Lamline

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

17. INFORMANT (ADDRESS) Mrs. Chas Truetzel
Jefferson City, Mo

18. BURIAL, CREMATION, OR REMOVAL Near Osage City, Mo
PLACE Schuberts, Mo DATE 4/6 1931

19. UNDERTAKER (ADDRESS) Wymore-Gordon
Jefferson City, Mo

20. FILED 4-9-31 W. Bedford
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 3 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug 25, 1930, to Mar 23, 1931

I last saw him alive on Mar 23, 1931. Death is said to have occurred on the date stated above, at _____ m.

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

Coronary thrombosis
(Sect. aneurysm)
Other contributory causes of importance
gout

Date of onset

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no

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? no

If so, specify _____

(Signed) R. P. Linn, M. D.

(Address) Jefferson City, 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.

APR 21 1931



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