

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

Do not use this space.

20943

1. PLACE OF DEATH

County Cole

Registration District No. 213

File No. 177

Township

Primary Registration District No. 304

Registered No.

City Jefferson

St. _____ Ward _____

2. FULL NAME

(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 Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 22-1931

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. 5

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

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) Jeff. City Mo.

13. NAME August Poebben

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Paso Mo.

15. MAIDEN NAME Laura Lage

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Paso Mo.

17. INFORMANT Aug. Poebben

(ADDRESS) Paso Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Paso Mo. DATE 6-28-1931

19. UNDERTAKER C. P. Heinrich

(ADDRESS) Paso Mo.

20. FILED 7-6-1931 D. R. Bedford Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 27-1931

22. I HEREBY CERTIFY, That I attended deceased from June 22, 1931, to June 27, 1931
I last saw him alive on June 22, 1931. Death is said to have occurred on the date stated above, at 5 PM.

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

Malnutrition Date of onset _____
Insidious to renal
SUE
158

Other contributory causes of importance:

Asphyxia on right
leg.

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external cause (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1931

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) W. A. Clark, M. D.

(Address) Jefferson

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

JUL 23 1931

