

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.

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

Do not use this space.

13874

1. PLACE OF DEATH

County Jefferson Registration District No. 1123
Township Jefferson Primary Registration District No. 624RB
City Jefferson Baraboo Rt. 11 Box 15 File No. _____
St. _____ Ward) Registered No. 118

2. FULL NAME

(a) Residence, No. Rt. 11 Box 15 Jefferson Baraboo Mo.
(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) Widower
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF to Sara

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 29, 1870

7. AGE YEARS 62 MONTHS 3 DAYS 7 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Insurance Agent
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 140
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) St. Louis Mo.

13. NAME Kenneth Oberbeck

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

15. MAIDEN NAME Mary Hessing

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

17. INFORMANT A. B. Corwell

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove Cem. DATE April 8, 32

19. UNDERTAKER Thos. W. Hyllewedger

20. FILED Apr. 5, 1932 L. C. Abbott Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 5, 1932

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h_____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 6:30 P.

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

Coronary Myocardial degeneration Date of onset _____

Accidental

178-5148

Other contributory causes of importance _____

Name of operation _____ Date of _____

What test confirmed diagnosis? Physical exam (Were 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 4/3, 1932

Where did injury occur? Jefferson Baraboo, Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Home

Nature of injury Asphyxiation due to Coronary Myocardial degeneration within an automobile garage.

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) John S. Corwell M.D.

(Address) Jefferson Baraboo Mo.

Theo. W. S. [unclear]
1940 W. [unclear] [unclear]

[unclear]

3620 E. [unclear]