

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

Do not use this space.

4528

FEB 17 1933

1. PLACE OF DEATH

County Lincoln
 Townshp Lincoln
 City Lincoln (No. _____) St. _____ Ward _____

Registration District No. 60
 Primary Registration District No. 4035

File No. _____
 Registered No. 3

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds.

yrs.

mos.

ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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 Mrs. Mary Schroeder

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 29 - 1860

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 75 11 3

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Postmaster
 10. Date deceased last worked at this occupation (month and year) X 11. Total time (years) spent in this occupation. X

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lincoln Mo.

FATHER 13. NAME John Meuschke

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

MOTHER 15. MAIDEN NAME X

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

17. INFORMANT (ADDRESS) Mrs. Mary Meuschke Lincoln Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lincoln DATE Feb 4 1936

19. UNDERTAKER (ADDRESS) J. B. Calken Lincoln Mo.

20. FILED 10-5 1936 Mo. Amey K. Rhoads Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2 - 2 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 21 1936, to Feb. 2 1936, last saw him alive on Feb. 2 1936. Death is said to have occurred on the date stated above, at 9:45 a. m.

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

Pneumo-pneumonia Date of onset 2-1-36

Other contributory causes of importance: Ch. Gastric ulcer and infirmities of age. 1915-1936

Name of operation _____ Date of _____

What test confirmed diagnosis? Clinical 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) C. E. Bennett, M. D.

(Address) Lincoln, Mo.

WRITE PERMANENT, 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.

