

NOV 17 1937

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

Do not use this space.

**1. PLACE OF DEATH**

County Franklin  
 Township Union  
 City Union Jeffriesburg

Registration District No. 296  
 Primary Registration District No. 5413

File No. 37611  
 Registered No. \_\_\_\_\_  
 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****MEDICAL CERTIFICATE OF DEATH**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 23 1937

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

22. I HEREBY CERTIFY, That I attended deceased from Nov 1936 to Oct 23 19376. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 3, 1854I last saw him alive on Oct 21 1937. Death is said

7. AGE YEARS 83 MONTHS 1 DAYS 20 If LESS than 1 day, hrs. or min.

to have occurred on the date stated above, at 3:00 m.

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer

Date of onset 10/21/37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

Other contributory causes of importance: Chronic Prostatitis 1930  
Chronic Cystitis

12. BIRTHPLACE (CITY OR TOWN) Union (STATE OR COUNTRY) Missouri

MOTHER FATHER 13. NAME Johanne Vemmer

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

15. MAIDEN NAME Maria Plumers

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

17. INFORMANT Emil J. Vemmer (ADDRESS) Union R.F.D.

18. BURIAL, CREMATION, OR REMOVAL PLACE Jeffriesburg Mo DATE Oct 25 37

19. UNDERTAKER Union Funeral Home (ADDRESS) Union, Mo. (W.H. Horn)

20. FILED Nov 1937 J.R. Marshall M.D. Registrar.

Name of operation None Date of \_\_\_\_\_What test confirmed diagnosis? None 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) J. H. Marshall M.D.(Address) Jeffriesburg Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

