

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. THIS IS A PERMANENT RECORD

DEC 17 1937

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

Do not use this space.

1. PLACE OF DEATH

County Greene Registration District No. 318
 Township Springfield Mo. No. 40 Primary Registration District No. 2091
 City Springfield Mo. No. 40 Ward 9. Beauville

41280

File No. 1089
 Registered No. 1089
 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 421 Chestnut 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 Wada Friedhofer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 31 - 1880

7. AGE YEARS 57 MONTHS 9 DAYS 16 If LESS than 1 day, _____ hrs. or _____ min.

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

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) Germany

13. NAME Andrew Friedhofer

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

15. MAIDEN NAME Rennett

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

17. INFORMANT (ADDRESS) Mrs. Wada Friedhofer
Springfield Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Hollywood Ave. Nov. 21 1937

19. UNDERTAKER (ADDRESS) Helma Lohmeyer
Springfield Mo.

20. FILED Nov 20 1937 Chas. A. George, M.D.
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from _____

_____ dead _____ 19 _____ to _____ 19 _____
 Last saw him alive on Nov. 17, 1937 Death is said

to have occurred on the date stated above, at 3:45 P.M.

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

Heart Attack from
Chronic Myocarditis

Other contributory causes of importance:

Name of operation _____ Date of _____

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

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? ✓

If so, specify _____

(Signed) W. S. Johnson, M.D.

(Address) Springfield, Mo.

