

DEC 27 1937

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

Do not use this space.

12

1. PLACE OF DEATH

County Pemiscot
Township Cooter
City Steele (No., St. Ward)

Registration District No. 656
Primary Registration District No. 587E

File No. 42084

Registered No.

2. FULL NAME John H. German

(a) Residence, No. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 42 yrs. 10 mos. 5 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 13 - 1894

7. AGE YEARS 42 MONTHS 10 DAYS 5 If LESS than 1 day, hrs. or min.

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

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) Cooter (STATE OR COUNTRY) Mo.

13. NAME James S. German

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

15. MAIDEN NAME Modena Manning

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

17. INFORMANT J. S. German (ADDRESS) Steele, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Zion Cem. DATE Oct 20, 1937

19. UNDERTAKER German Undt Co. (ADDRESS) Steele, Mo.

20. FILED 12-18-1937 Tom Berger Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 18, 1937, to Oct 18, 1937

I last saw him alive on 18, 1937. Death is said to have occurred on the date stated above, at 10:30 a.m.

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

Heart failure - acute - (full dead)

Date of onset

Other contributory causes of importance:

2 weeks

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

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) J. Chapman M. D.
(Address) Steele Mo

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

MOTHER FATHER OCCUPATION

Zosa

JUL 31 1954

JUL 23 1954

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

42084
Do not use this space.

1. PLACE OF DEATH

- (a) County Democrat Registration District No. 656
 (b) Township Coates Primary Registration District No. 5873
 (c) City..... (d) Street No..... St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME John H. German

- (a) Residence, No..... St.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

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

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

- | 7. AGE | YEARS | MONTHS | DAYS | IF LESS than 1 day, hrs. or min. |
|--------|-----------|-----------|----------|--|
| | <u>43</u> | <u>10</u> | <u>5</u> | |

- OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as 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)

FATHER 13. NAME

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

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 18 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..... m.

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

Heart failure (acute)
felt dead

Do not state the definite form as person was dead when I arrived.

Other contributory causes of importance: arrived

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) J. R. Chapman, M. D.
 (Address) State Mo

SUPPLEMENT

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

