

1939 FEB 9

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

2082
Do not use this space.

1. PLACE OF DEATH

(a) County COOPER Registration District No. 218
(b) Township 1 Primary Registration District No. 3015 Registered No. 5
(c) City BOONVILLE (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 ALBERT TWILLMAN

(a) Residence, No. 731 SIXTH St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

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 Mrs. MATILDA FRICKE TWILLMAN

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) APRIL 29, 1881

7. AGE YEARS 57 MONTHS 8 DAYS 22 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Commissary
9. Industry or business in which work was done, as saw mill, bank, etc. Shoe Factory
10. Date deceased last worked at this occupation (month and year) Jan. 20, 1939 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) St. Louis, Missouri. (STATE OR COUNTRY)

13. NAME Herman Twillman

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

15. MAIDEN NAME Francis Frigge

16. BIRTHPLACE (CITY OR TOWN) St. Louis, Missouri (STATE OR COUNTRY)

17. INFORMANT Miss Verna Twillman, (ADDRESS) Boonville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lone Elm, Mo. DATE Jan. 22, 1939

19. FUNERAL DIRECTOR (NAME) STEGNER & KOENIG (ADDRESS) BOONVILLE, MO.

20. FILED Jan 21, 1939 S. Cooper Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 20, 1939

22. I HEREBY CERTIFY, That I attended deceased from not attended, 19____, to _____, 19____

I last saw h- _____ alive on not seen alive, 19____. Death is said to have occurred on the date stated above, at 7:10 AM
The principal cause of death and related causes of importance were as follows:

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

Date of onset

Coronary Occlusion unknown

Other contributory causes of importance: 94%

Name of operation none 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) J. C. Tincher M. D.
Boonville Mo.
Coroner of Cooper County Mo.
197 (Address) _____

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.

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 7/6/39

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed James W. Stegner
Licensed Embalmer No. 37080
P. O. Address Boonville, Va

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.