

JAN 15 1940

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

Do not use this space.

42632

1. PLACE OF DEATH

County Richson  
Township Clay  
City 655 (No. 1)

Registration District No. 19  
Primary Registration District No. 5025-

File No. ....  
Registered No. ....  
St. .... Ward

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. 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 Lena Pehrman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 5 - 1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 70 3 4 28

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) (STATE OR COUNTRY) Langdon Mo

13. NAME August Pehrman

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

15. MAIDEN NAME Prudenzia Wozny

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

17. INFORMANT (ADDRESS) Mr. Louis Pehrman Rock Port Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Funerary DATE Dec 24 1939

19. UNDERTAKER (ADDRESS) J. B. Peterson Rock Port Mo

20. FILED Dec 26, 1939 May H. Chamberlain Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 22, 1939

22. I HEREBY CERTIFY, That I attended deceased from 1936 to Dec 22, 1939

I last saw him alive on Dec 22, 1939. Death is said to have occurred on the date stated above, at 9 P m.

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

Carcinoma of the Stomach Date of onset

Other contributory causes of importance: 46

Name of operation X-Ray Date of ..... What test confirmed diagnosis? X-Ray 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 Chas. J. Seale M. D. (Signed) 16 (Address) Rock Port Mo

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. 11,

District File Number .... *140-1872*

Date Filed -----JAN-11 1940