

SEP 29 1936

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

Do not use this space.

27824

1. PLACE OF DEATH

County.....

Registration District No. 6026

Township Union

Primary Registration District No. 954

City.....

(No.)

St.

Ward.....

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

St.

Ward.

(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

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

Mary Buchholtz

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

Feb 28, 1860

7. AGE

76

YEARS

MONTHS

4

DAYS

20

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) (STATE OR COUNTRY)

Lawrenston Mo

13. NAME

Morris Buchholtz

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

Baden Germany

15. MAIDEN NAME

Elizabeth Buchholtz

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

Baden Germany

17. INFORMANT

(ADDRESS)

John Buchholtz
Lawrenston Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Lawrenston Mo

DATE July 20

1936

19. UNDERTAKER

(ADDRESS)

Geo. C. Bales
Lawrenston Mo

20. FILED

9/14/36

W. A. Rottler
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

July 17

1936

22. I HEREBY CERTIFY, That I attended deceased from

July 12

1936, to

July 17

1936

Last saw him alive on July 16, 1936. Death is said

to have occurred on the date stated above, at 11:40 AM.

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

Heat Prostration

Date of onset

7-12-36

Other contributory causes of importance

Acute Gastro Enteritis

7-13-36

Name of operation.....

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).....

Arthur E. Seaman

M. D.

(Address)..... St. Genevieve Mo

Registrar.

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.

