

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.

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

Do not use this space.

MAR 27 1935

1. PLACE OF DEATH

County Monroe
Township Calhoun
City Calhoun (No.)

Registration District No. 571
Primary Registration District No. 4335

File No. 6114
Registered No. 14
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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 13, 1870</u>		
7. AGE	YEARS <u>64</u>	MONTHS <u>5</u>
	DAYS <u>1</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	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) <u>Cooper Co. Missouri</u>		
FATHER	13. NAME <u>Geo. Lachner</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
MOTHER	15. MAIDEN NAME <u>Mary Eder</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
17. INFORMANT (ADDRESS) <u>Geo. Lachner</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Grav. Hill</u> DATE <u>Feb 22, 1935</u>		
19. UNDERTAKER (ADDRESS) <u>W. W. Lachner & Son</u>		
20. FILED <u>2-21, 1935</u> <u>W. W. Popejoy</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-20, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 16, 1935 to Feb 20, 1935
I last saw him alive on Feb 20, 1935 Death is said to have occurred on the date stated above, at 7 A. M.
The principal cause of death and related causes of importance were as follows:
Acute Appendicitis Date of onset Feb 16, 1935

Other contributory causes of importance: Influenza and bronchial pneumonia

Name of operation Appendectomy Date of 2-20-35
What test confirmed diagnosis? Opium 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?
If so, specify
(Signed) L. L. Lachner M. D.
(Address) California, Mo.

