

REC'D JUN 14 1938

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

Do not use this space.

18912

## 1. PLACE OF DEATH

County Moniteau  
Township Waller  
City        (No.       )Registration District No. 571Primary Registration District No. 5769File No.       Registered No. 33St.        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

## MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Barbara Hutschneider6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 25, 18587. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
80 2 28. 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) Cal. Co. Missouri13. NAME John Reichel14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany15. MAIDEN NAME Lorine R. Wilkner16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany17. INFORMANT (ADDRESS) H. W. Wilkner, Jr., California, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Salem Evangelical cemetery DATE 5-29-193819. UNDERTAKER (ADDRESS) J. W. Wilson & Son, California, Mo.20. FILED 5-28-1938 H. W. Wilkner, Jr. Registrar21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 27, 193822. I HEREBY CERTIFY, That I attended deceased from May 1, 1938 to May 18, 1938I last saw him alive on May 18, 1938 Death is saidto have occurred on the date stated above, at 8 P. m.

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

apoplexyOther contributory causes of importance: hypertensionName 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) H. W. Wilkner, Jr.(Address) California, Mo.

