

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

Do not use this space.

4796

22

MAP 21 1935

1. PLACE OF DEATH

County Cowden

Registration District No. 218

Township Boonville Mo

Primary Registration District No. 3018

City Boonville Mo (No.)

St. Ward)

2. FULL NAME

Mr Sylvester Imhoff

(a) Residence, No. Marion Home, Mo. 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) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 26-1912

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 22 11 31

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) Moniteau County Mo

13. NAME Jac Imhoff

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Moniteau County Mo

15. MAIDEN NAME Rosie Schwitzer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Moniteau County Mo

17. INFORMANT (ADDRESS) Jac. Imhoff, Jamestown, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Bedou, Church DATE Feb 19 35

19. UNDERTAKER (ADDRESS) Albert Hambeck, Prairie Home, Mo

20. FILED FEB 23 1935 W. M. Enright Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 17 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 16 1935 to Feb 17 1935

I last saw him alive on Feb 17 1935. Death is said to have occurred on the date stated above, at 10 p. m.

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

Septic sore throat Date of onset 2/12/35
USA
Other contributory causes of importance:
severe septicemia & peritonitis

Name of operation diaphragm, abdomen Date of Feb 17 35
What test confirmed diagnosis? Cult. etc. 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.

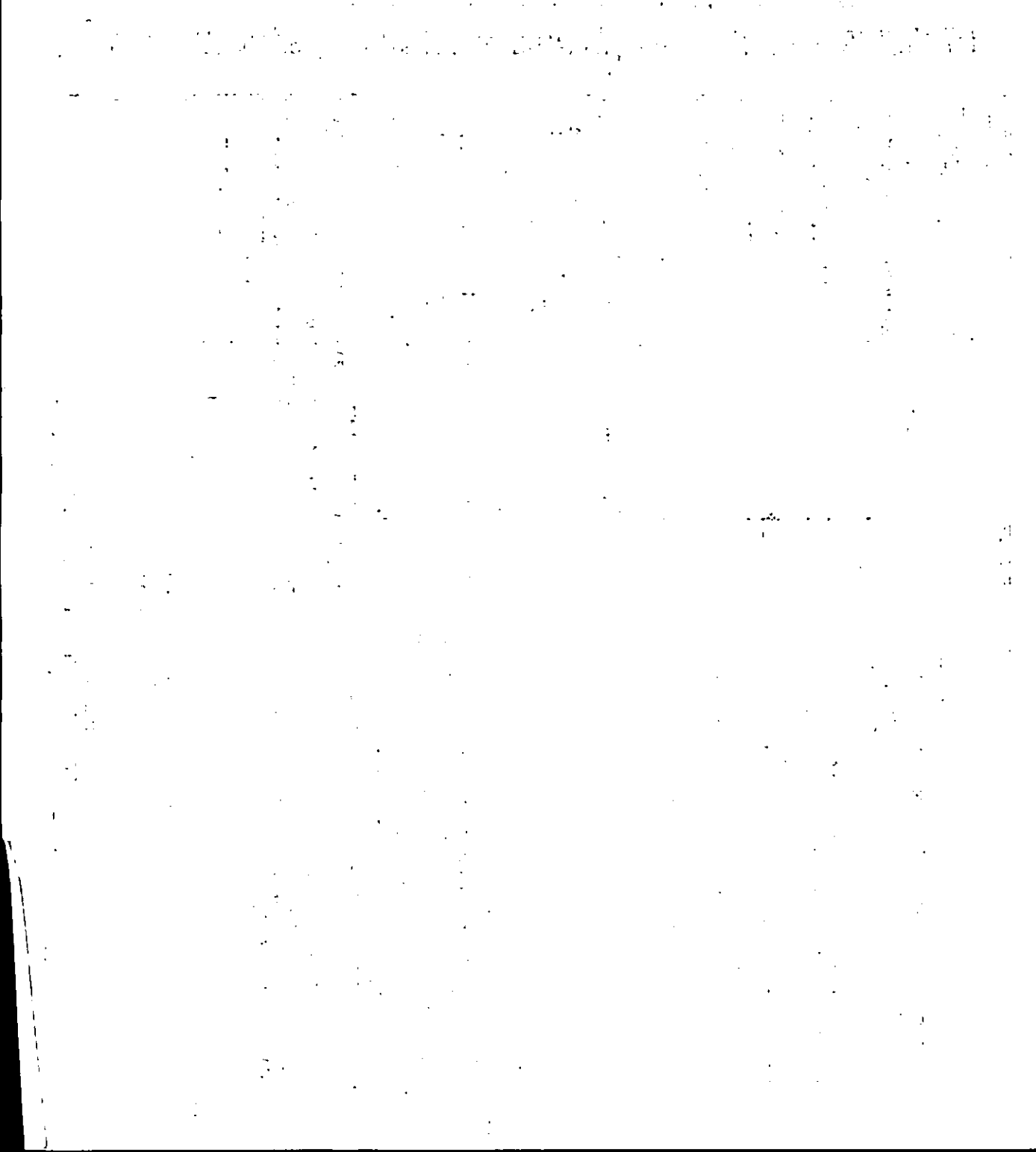
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify Alum Ravingory, M. D.
(Address) Boonville Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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+ 2



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1. PLACE OF DEATH

County Cooper
Township
City (No.)

Registration District No. 218
Primary Registration District No. 3015

File No.
Registered No. 22 (Ward)

2. FULL NAME

Sylvester Tushoff

(a) Residence, No. St., Ward.

(Usual place of abode)

ALL INFORMATION CALLED FOR BY THIS INSTRUMENT IS TO BE WRITTEN IN THESE SPACES

(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 m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED S (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

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

7. AGE YEARS 22 MONTHS 6 DAYS 31 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19.....

19. UNDERTAKER (ADDRESS)

20. FILED 2/18 31 S. B. W. Boyworth Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 17 1925

22. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to 19.....

I last saw him alive on 19..... Death is said

to have occurred on the date stated above, at m.

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

General septicæmia caused by septic sore throat. Septic peritonitis was secondary to general septicæmia.

Date of onset

Other contributory causes of importance

General Septicæmia & peritonitis.

Name 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), M. D.

(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.

JAN 4 1950

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