

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

Do not use this space.

9851

APR 21 1936

**1. PLACE OF DEATH**

County Cole  
Township Jefferson  
City Jefferson (No. 3074)

Registration District No. 213  
Primary Registration District No. 3074

File No. 66  
Registered No. 66  
St. Jefferson Ward 1

**2. FULL NAME**

(a) Residence, No. 1 St. Jefferson Ward 1  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OF RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF No information

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 22 - 1862

7. AGE YEARS 72 MONTHS 9 DAYS 17 If LESS than 1 day, hrs. or min.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dr.

10. Date deceased last worked at this occupation (month and year) Mar 1936 11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson Mo.

13. NAME John Rodel

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

15. MAIDEN NAME Elizabeth Griesbach

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

17. INFORMANT (ADDRESS) George Rodel

18. BURIAL, CREMATION, OR REMOVAL Interment DATE Mar 18 1936

19. UNDERTAKER (ADDRESS) James Jones

20. FILED Mar 13 1936 Orlando Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 9 1936

22. I HEREBY CERTIFY, That I attended deceased from 8-6 1936, to 8-9 1936

I last saw him alive on 3-9 1936. Death is said to have occurred on the date stated above, at Jefferson Mo.

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

Automobile accident  
Brain trauma of chest  
Pneumonia 3-6-36

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 3-6 1936

Where did injury occur? Cole Co. Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Automobile accident on

Manner of injury Highway

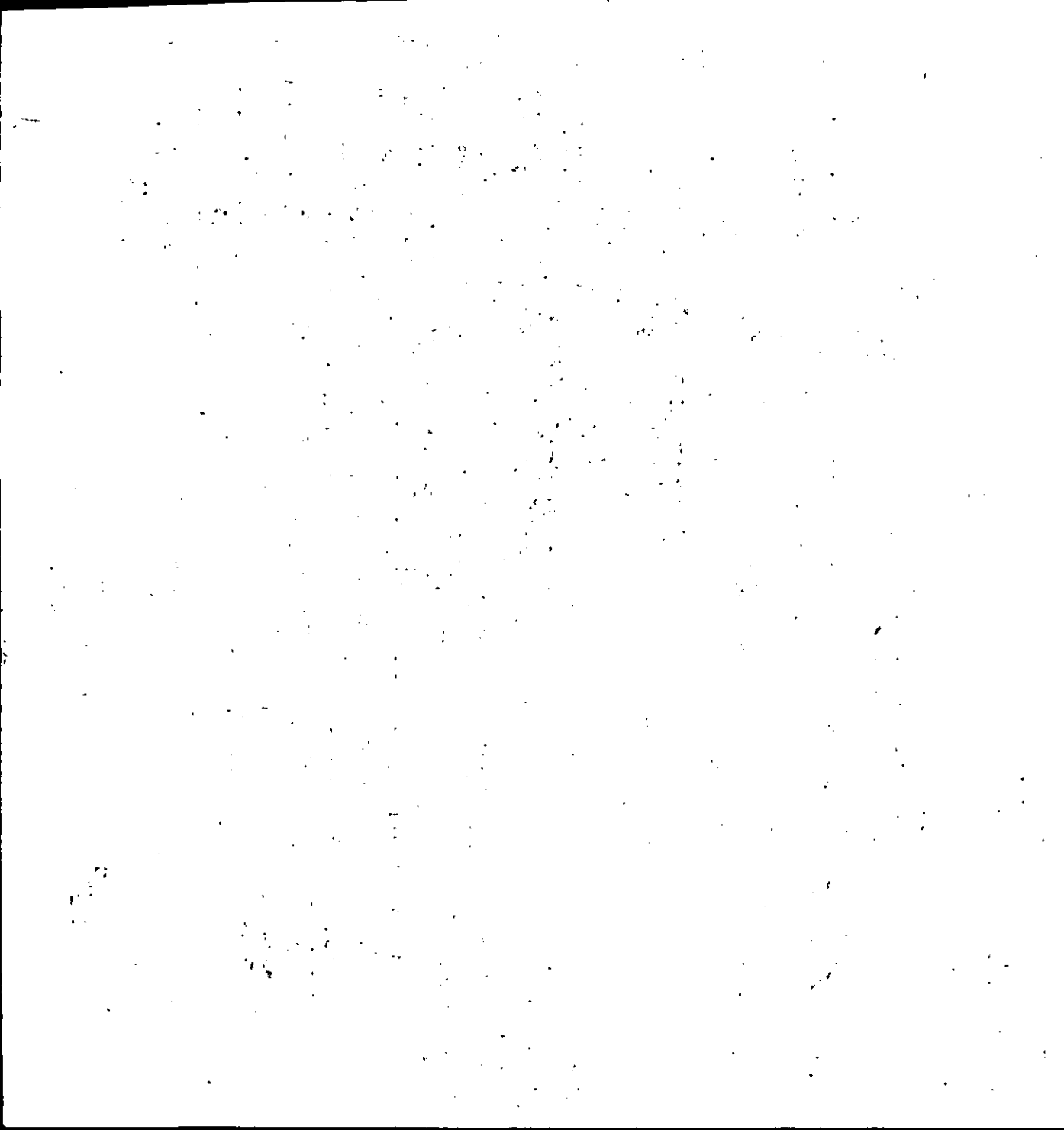
Nature of injury Entrapped in trunk

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_

(Signed) W. L. Williams M. D.

(Address) Jefferson City Mo.



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CERTIFICATE OF DEATH**

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**1. PLACE OF DEATH**

County Cole

Registration District No. 213

File No. ....

Township .....

Primary Registration District No. 3014

Registered No. ....

City Jefferson City

St. .... Ward) .....

**2. FULL NAME**

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

(Usual place of abode)

(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 (write the word)**

W

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

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

**7. AGE**

YEARS

MONTHS

DAYS

If LESS than 1 day, ..... hrs. or ..... min.

72

9

17

OCCUPATION

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 3/12/1926

W. S. Williams  
Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 9, 1926

22. I HEREBY CERTIFY, That I attended deceased from

1924, to ..... 19.....

I last saw h..... 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:

Automobile accident

Date of onset

Passenger in car.

Other contributory causes of importance:

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) W. S. Williams M. D.

(Address) Jefferson City - Mo.

1586-5