

SEP 16 1935

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

25956

## 1. PLACE OF DEATH

County ColeRegistration District No. 213

Township

Primary Registration District No. 3014City Jefferson (No. )

File No.

Registered No. 247

St. Ward)

## 2. FULL NAME

(a) Residence, No. John W. Siebert 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) Married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs Hannah Siebert6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 5, 18677. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min. 78 5 298. 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) Seneca Falls, New York13. NAME John Henry Siebert14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hesse, Germany15. MAIDEN NAME Anna Miller16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hesse, Germany17. INFORMANT (ADDRESS) Mrs Louis Hoffmeyer18. BURIAL, CREMATION, OR REMOVAL PLACE St. Luke, Mo DATE Aug 6, 193519. UNDERTAKER (ADDRESS) Buescher Funeral Home20. FILED 8/5/1935 Dr Bedford Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 4, 193522. I HEREBY CERTIFY, That I attended deceased from 8 - 4, 1935, to 8 - 4, 1935I last saw him alive on 8 - 4, 1935 Death is saidto have occurred on the date stated above, at 2 a. m.

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

Atherosclerosis  
Chronic Myocarditis  
Coronary SclerosisDate of onset  
1930  
1932  
5-8-35

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? 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) J. W. Gillham M. D.(Address) Jefferson City, Mo

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.

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

