

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

23374

1. PLACE OF DEATH

County AppleRegistration District No. 128Township Apple CreekPrimary Registration District No. 5176 B

City

St.

Ward)

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

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

M

4. COLOR OR RACE

W5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)Married5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OFAnna Bostle Probst

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

Sept 30 1853

7. AGE

YEARS

MONTHS

DAYS

IF LESS than
day, hrs. min.83819

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Farmer9. 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
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Bollinger Co.

13. NAME

David Probst14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Bollinger Co

15. MAIDEN NAME

Katherine Bollinger16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Bollinger Co17. INFORMANT
(ADDRESS)Mr. Daniel Probst
Pleasant mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Ans. to be held DATE June 20 193719. UNDERTAKER
(ADDRESS)Rich F & Co
Union mo

20. FILED

July 10 - 1937 Anna V. Kiefer
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

June 19 1937

22. I HEREBY CERTIFY That I attended deceased from

April 1 1937 to June 19 1937I last saw him alive on June 17 1937 Death is saidto have occurred on the date stated above, at 11 P. m.

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

arterio-sclerosis Date of onset

Other contributory causes of importance:

noneName of operation none Date of ✓What test confirmed diagnosis symptoms Was there an autopsy? no23. 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) D. J. Westman M. D.(Address) 1125 Howard mo

JUL 27 1937

