

APR 16 1936

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

Do not use this space.

9622

1. PLACE OF DEATH

County Cape Girardeau Registration District No. 126 File No. _____
Township Habel Primary Registration District No. 51740 Registered No. 3
City (No. R.F.N. # 2) Bardouville St. _____ Ward _____

2. FULL NAME Peter Henschel

(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 1 - 1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 9 1

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 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) Germany
(STATE OR COUNTRY) Germany

13. NAME Peter Henschel

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

15. MAIDEN NAME Rebecca Hink

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

17. INFORMANT Martin Henschel
(ADDRESS) Bardouville

18. BURIAL, CREMATION, OR REMOVAL PLACE Christ Lutheran Cemetery DATE 3/4 1936

19. UNDERTAKER Harber & Co
(ADDRESS) Cape Girardeau Mo

20. FILED Mar 3 1936 W. W. Ford
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 2 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 21 1936, to Mar. 2 1936

I last saw him alive on Mar. 2 1936. Death is said

to have occurred on the date stated above, at 5:30 a.m.

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

Arterio Sclerosis
with mitral Regurgitation

Date of onset

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 2 1936

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. W. Ford, M. D.

(Address) Bardouville, 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.

