

Mennonite Deaths Reported for the Rueckenau, Molotschna Area: 1926 to 1929

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The following are records of deaths for mostly Mennonites in the area around Rueckenau. During this period Rueckenau was the regional civil registration office where births, marriages and deaths were reported to the Soviet government. These death records are in the state archives of Saporosche, Ukraine and were microfilmed by the Mormons. Images can be found at ... Note that you will need to register with FamilySearch in order to view scans of the records. The file is incorrectly called Prangenau deaths. Most of the deaths took place in Rueckenau with some occurring in Prangenau, Tiegerweide, Tiegerfeld, Fuerstenau and Friedensruh.

In order to aid in searching these documents I have changed all of the personal names and village names to those commonly used by German speaking Mennonites of the time period.

Ukranian SSR

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#1

PEOPLE'S COMMISSARIAT
OF INTERNAL AFFAIRS

Registry office at *Rueckenau* council (executive committee) Book

Molochanskiy region *Mennonite* district for 1926

Death record #3 (common)

#_ by the count of men #1 by the count of women

1. Time of record: *February 1st* 1926 2. Surname, first name, paternal name of the deceased: ***Penner, Helena Bernhard***

3. Sex: f. 4. Age (year, month and day of birth, or number of years): *1843, 07.11*

4a. If the deceased is a child younger than one year old, only indicate the year _ and month _ of birth
5. Place of residence of the deceased {*Mennonite* district, *Molochanskiy* region, *Rueckenau* village

{or _ town, _ street, house #_}

6. Place of death {*Mennonite* district, *Molochanskiy* region, *Rueckenau* village
{or _ town, _ street, house #_
{or, if died in a hospital, its name

7. Time of death: *January 31st* 1926 8. Marital status of the deceased: *widow*

9. Nationality: *German* 10. Primary occupation: *farming* (for children younger than 10, occupation of the person who provides for them)

11. Status in the workforce (hired worker, in service, proprietor, or extra family member): *proprietor*

12. Cause of death: *cancer* 13. Recorded as "stillborn" or "assumed dead" (see section III, #4 for instructions): *no*

Surname, name and paternal name of the declarant: ***Hildebrand, David Peter***

Address of the declarant: *c[olony] Rueckenau, Mennonite district of the Molochanskiy region*

Names and numbers of the documents: _

Special notes: _

Signature of the declarant: [signature] Registry office superintendent: [signature]
Registrar: [signature]

[note on the side:] The slip handed out under #2/11 on 02.01.26 [signature]

Ukrainian SSR

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#1

PEOPLE'S COMMISSARIAT
OF INTERNAL AFFAIRS

Registry office at *Rueckenau* council (executive committee) Book

Molochanskiy region *Mennonite* district for 1926

Death record #4 (common)

#3 by the count of men #_ by the count of women

1. Time of record: *February 6th*, 1926 2. Surname, first name, paternal name of the deceased: ***Heinrichs, Jacob Jacob***

3. Sex: *m.* 4. Age (year, month and day of birth, or number of years): *1883, October 24th*

4a. If the deceased is a child younger than one year old, only indicate the year _ and month _ of birth

5. Place of residence of the deceased {*Mennonite* district, *Molochanskiy* region, *Rueckenau* village
{or _ town, _ street, house #_}

6. Place of death {*Mennonite* district, *Molochanskiy* region, *Rueckenau* village
{or _ town, _ street, house #_
{or, if died in a hospital, its name

7. Time of death: *February 4th* 1926 8. Marital status of the deceased: *married*

9. Nationality: *German* 10. Primary occupation: *farming* (for children younger than 10, occupation of the person who provides for them)

11. Status in the workforce (hired worker, in service, proprietor, or extra family member): *proprietor*

12. Cause of death: *pneumonia* 13. Recorded as “stillborn” or “assumed dead” (see section III, #4 for instructions): _

Surname, name and paternal name of the declarant: ***Krieger, Jacob Frantz.***

Address of the declarant: *c[olony] Rueckenau, Mennonite district of the Molochanskiy region*

Names and numbers of the documents: _

Special notes: _

Signature of the declarant: [signature] Registry office superintendent: [signature]
Registrar: [signature]

[note on bottom right:] The slip handed out under #3/12 on 02.06.26 [signature]

Ukrainian SSR

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#1

PEOPLE'S COMMISSARIAT
OF INTERNAL AFFAIRS

Registry office at *Rueckenau* council (executive committee) Book

Molochanskiy region *Mennonite* district for 1926

Death record #5 (common)

#_ by the count of men #2 by the count of women

1. Time of record: *March 1st* 1926 2. Surname, first name, paternal name of the deceased: *Sawatsky, Helena Wilhelm*

3. Sex: f. 4. Age (year, month and day of birth, or number of years): _

4a. If the deceased is a child younger than one year old, only indicate the year *1925* and month *05.28* of birth

5. Place of residence of the deceased {*Mennonite* district, *Molochanskiy* region, *Rueckenau* village
{or _ town, _ street, house #_}

6. Place of death {*Mennonite* district, *Molochanskiy* region, *Rueckenau* village
{or _ town, _ street, house #_
{or, if died in a hospital, its name

7. Time of death: *February 28th* 1926 8. Marital status of the deceased: _

9. Nationality: *German* 10. Primary occupation: *farmer's daughter* (for children younger than 10, occupation of the person who provides for them)

11. Status in the workforce (hired worker, in service, proprietor, or extra family member): *proprietor's daughter*

12. Cause of death: *convulsions* 13. Recorded as "stillborn" or "assumed dead" (see section III, #4 for instructions): *no*

Surname, name and paternal name of the declarant: *Sawatsky, Wilhelm Is.*

Address of the declarant: *c[olony] Rueckenau, Mennonite district of the Molochanskiy region*

Names and numbers of the documents: _

Special notes: _

Signature of the declarant: [signature] Registry office superintendent: [signature]

Registrar: [signature]

[note on the side:] The slip handed out under #4/18 on 03.01.26 [signature]

Ukrainian SSR

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#1

PEOPLE'S COMMISSARIAT
OF INTERNAL AFFAIRS

Registry office at Rueckenau council (executive committee) Book

Molochanskiy region Mennonite district for 1926

Death record #6 (common)

#_ by the count of men #3 by the count of women

1. Time of record: *March 2nd* 1926 2. Surname, first name, paternal name of the deceased: **Janzen, Katharina Abram**

3. Sex: f. 4. Age (year, month and day of birth, or number of years): *1924, November 17th*

4a. If the deceased is a child younger than one year old, only indicate the year _ and month _ of birth
5. Place of residence of the deceased {Mennonite district, Molochanskiy region, Rueckenau village

{or _ town, _ street, house #_}

6. Place of death {Mennonite district, Molochanskiy region, Rueckenau village
{or _ town, _ street, house #_
{or, if died in a hospital, its name

7. Time of death: *March 1st* 1926 8. Marital status of the deceased: _

9. Nationality: *German* 10. Primary occupation: *farmer's daughter* (for children younger than 10, occupation of the person who provides for them)

11. Status in the workforce (hired worker, in service, proprietor, or extra family member): *proprietor's daughter*

12. Cause of death: *bronchitis* 13. Recorded as "stillborn" or "assumed dead" (see section III, #4 for instructions): *no*

Surname, name and paternal name of the declarant: **Pankratz, David David**

Address of the declarant: *c[olony] Rueckenau, Molochanskiy region*

Names and numbers of the documents: _

Special notes: _

Signature of the declarant: [signature] Registry office superintendent: [signature]
Registrar: [signature]

[note on the side:] The slip handed out under #5/19 on 03.02.26 [signature]

Ukranian SSR

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#1

PEOPLE'S COMMISSARIAT
OF INTERNAL AFFAIRS

Registry office at Rueckenau council (executive committee) Book

Molochanskiy region Mennonite district for 1926

Death record #13 (common)

#_ by the count of men #5 by the count of women

1. Time of record: *July 28th 1926* 2. Surname, first name, paternal name of the deceased: **Penner, Helena Jacob**

3. Sex: f. 4. Age (year, month and day of birth, or number of years): 1850, *[illegible, probably 21.10]*

4a. If the deceased is a child younger than one year old, only indicate the year _ and month _ of birth
5. Place of residence of the deceased {Mennonite district, Molochanskiy region, Rueckenau village

{or _ town, _ street, house #_}

6. Place of death {Mennonite district, Molochanskiy region, Rueckenau village
{or _ town, _ street, house #_
{or, if died in a hospital, its name

7. Time of death: *July 27th 1926* 8. Marital status of the deceased: *widow*

9. Nationality: *German* 10. Primary occupation: *farmer* (for children younger than 10, occupation of the person who provides for them)

11. Status in the workforce (hired worker, in service, proprietor, or extra family member): _

12. Cause of death: *old age* 13. Recorded as "stillborn" or "assumed dead" (see section III, #4 for instructions): _

Surname, name and paternal name of the declarant: **Wiebe, Jacob Abr.**

Address of the declarant: *col. Rueckenau, Molochanskiy rn.*

Names and numbers of the documents: _

Special notes: _

Signature of the declarant: [signature] Registry office superintendent: [signature]
Registrar: [signature]

[note on bottom right:] The slip handed out under #10/37 on 07.28.26 [signature]

Ukrainian SSR

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#1

PEOPLE'S COMMISSARIAT
OF INTERNAL AFFAIRS

Registry office at Rueckenau council (executive committee) Book

Molochanskiy region Mennonite district for 1926

Death record #16 (common)

#_ by the count of men #7 by the count of women

1. Time of record: *September 24th* 1926 2. Surname, first name, paternal name of the deceased: **Regier, Margaretha Johann**

3. Sex: f. 4. Age (year, month and day of birth, or number of years): *1926, August 9th*

4a. If the deceased is a child younger than one year old, only indicate the year _ and month _ of birth
5. Place of residence of the deceased {Mennonite district, Molochanskiy region, Tiegerweide village

{or _ town, _ street, house #_}

6. Place of death {Mennonite district, Molochanskiy region, Tiegerweide village
{or _ town, _ street, house #_
{or, if died in a hospital, its name

7. Time of death: *September 22nd* 1926 8. Marital status of the deceased:

9. Nationality: *German* 10. Primary occupation: *farmer's daughter* (for children younger than 10, occupation of the person who provides for them)

11. Status in the workforce (hired worker, in service, proprietor, or extra family member): *proprietor*

12. Cause of death: *pneumonia* 13. Recorded as "stillborn" or "assumed dead" (see section III, #4 for instructions): _

Surname, name and paternal name of the declarant: **Regier, Ivan Yakovlevich**

Address of the declarant: *col. Tiegerweide, Molochanskiy rn.*

Names and numbers of the documents: _

Special notes: _

Signature of the declarant: [signature] Registry office superintendent: [signature]
Registrar: [signature]

[note on bottom right:] The slip handed out under #14/71 on 09.24.26 [signature]

Ukrainian SSR

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#1

PEOPLE'S COMMISSARIAT
OF INTERNAL AFFAIRS

Registry office at Rueckenau council (executive committee) Book

Molochanskiy region Mennonite district

for 1927

Death record #1 (com.)

#_ (m.) #1 (w.)

1. Record made *January 20th* 1927

2. Is this a record on a stillborn? (what is the # _ of the entry in the book of birth records?) or person assumed dead? _

3. Surname and name of the deceased: **Reimer, Elisabeth**

4. Sex: f. 5. Full years since birth: 56 years

5a. For children, who died before turning one year old:

Indicate exactly a) year, day and month of birth: 192_

b) which child it was for the mother: first, second, other: _

c) father's age " " years, and mother's age " " years

6. Time of death: 1927 *January 19th* 7. Permanent residence address:

Mennonite district, Molochanskiy region, Rueckenau village

or _ town, _ street, house #_

8. If died away from the place of permanent residence, then where exactly (name of hospital, shelter or other): _

9. Nationality: *German* 10. Provided for himself/herself: *no*, if not, who exactly was the provider?

husband 11. What was the source of income for the deceased or the provider (write exactly what work, or craft, or occupation, or property, pension, stipend or other)?

farming

12. Where did that person serve (name of company or institution), if not in one's own household? *his own household*

13. Position in the workforce: proprietor, or independent¹, member of a craftsman association, government servant, worker, helping in the family household (underline).

14. Marital status of the deceased: single, married, widow(er), separated

14a. For those that were married: a) last marriage is the (number): *first* b) when last married: *30 [or 36]*

c) how old is the widowed partner: _ d) how many children were born from this marriage: *11* e) how

many of them are still alive: *8* 2 boys, *6* girls, and *6* that came of age.

15. Cause of death: *paralysis*

Medical record of death #_

Surname and name of the declarant: **Reimer, David Heinr.**

Address of the declarant: *Rueckenau colony*

Names and numbers of the documents: _

Special notes: _

Signature of the declarant: [signature]

Registry office superintendent: [signature]

Registrar: [signature]

[note on the side:] The slip handed out under #1/6 on 01.22.27 [signature]

1 “одинець” — literally: “single,” as in “unmarried,” I can only guess what this word means in relation to employment.

Ukranian SSR

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#1

PEOPLE'S COMMISSARIAT
OF INTERNAL AFFAIRS

Registry office at Rueckenau council (executive committee) Book

Molochanskiy region Mennonite district

for 1927

Death record #3 (com.)

#2 (m.) #_ (w.)

1. Record made *January 31st 1927*

2. Is this a record on a stillborn? (what is the # _ of the entry in the book of birth records?) or person assumed dead? _

3. Surname and name of the deceased: *Sawatsky, Jacob Isaac.*

4. Sex: m. 5. Full years since birth: 65 years

5a. For children, who died before turning one year old:

Indicate exactly a) year, day and month of birth: 192_

b) which child it was for the mother: first, second, other

c) father's age " " years, and mother's age " " years

6. Time of death: 1927, *January 29th* 7. Permanent residence address:

Mennonite district, Molochanskiy region, Tiegerweide village

or _ town, _ street, house #_

8. If died away from the place of permanent residence, then where exactly (name of hospital, shelter or other): _

9. Nationality: *German* 10. Provided for himself/herself: yes, if not, who exactly was the provider? _ 11. What was the source of income for the deceased or the provider (write exactly what work, or craft, or occupation, or property, pension, stipend or other)?

farming

12. Where did that person serve (name of company or institution), if not in one's own household? *his own household*

13. Position in the workforce: proprietor, or independent, member of a craftsman association, government servant, worker, helping in the family household (underline).

14. Marital status of the deceased: single, married, widow(er), separated

14a. For those that were married: a) last marriage is the (number): *first* b) when last married: *40* c) how old is the widowed partner: _ d) how many children were born from this marriage: *6* e) how many of them are still alive: _ boys, _ girls, and *4* that came of age.

15. Cause of death: *heart failure*

Medical record of death #_

Surname and name of the declarant: *Sawatsky, Wilhelm Isaak.*

Address of the declarant: *Rueckenau col.*

Names and numbers of the documents: _

Special notes: _

Signature of the declarant: [signature]

Registry office superintendent: [signature]

Registrar: [signature]

[note on the side:] The slip handed out under #2/8 on 01.31.27 [signature]

Ukranian SSR

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#1

PEOPLE'S COMMISSARIAT
OF INTERNAL AFFAIRS

Registry office at Rueckenau council (executive committee) Book

Molochanskiy region Mennonite district

for 1927

Death record #6 (com.)

#_ (m.) #4 (w.)

1. Record made *March 5th* 1927

2. Is this a record on a stillborn? (what is the # _ of the entry in the book of birth records?) or person assumed dead? _

3. Surname and name of the deceased: ***Penner, Katharina***

4. Sex: f. 5. Full years since birth: 70 years

5a. For children, who died before turning one year old:

Indicate exactly a) year, day and month of birth: 192_

b) which child it was for the mother: first, second, other

c) father's age " " years, and mother's age " " years

6. Time of death: 1927, *March 2nd* 7. Permanent residence address:

Mennonite district, Molochanskiy region, Rueckenau village

or _ town, _ street, house #_

8. If died away from the place of permanent residence, then where exactly (name of hospital, shelter or other): _

9. Nationality: *German* 10. Provided for himself/herself: *no*, if not, who exactly was the provider?

husband 11. What was the source of income for the deceased or the provider (write exactly what work, or craft, or occupation, or property, pension, stipend or other)?

farming

12. Where did that person serve (name of company or institution), if not in one's own household? *his own household*

13. Position in the workforce: proprietor, or independent, member of a craftsman association, government servant, worker, helping in the family household (underline).

14. Marital status of the deceased: single, married, widow(er), separated

14a. For those that were married: a) last marriage is the (number): *first* b) when last married: *1876* c) how old is the widowed partner: _ d) how many children were born from this marriage: *6* e) how many of them are still alive: _ boys, _ girls, and 3 that came of age.

15. Cause of death: _

Medical record of death #_

Surname and name of the declarant: ***Fast, Heinrich Is.***

Address of the declarant: *Rueckenau*

Names and numbers of the documents: _

Special notes: _

Signature of the declarant: [signature]

Registry office superintendent: [signature]

Registrar: [signature]

[note on the side:] The slip handed out under #5/18 on 03.05.27 [signature]

Ukranian SSR

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#1

PEOPLE'S COMMISSARIAT
OF INTERNAL AFFAIRS

Registry office at Rueckenau council (executive committee) Book

Molochanskiy region Mennonite district

for 1927

Death record #6 7 (com.)

#3 (m.) #_ (w.)

1. Record made *March 17th 1927*

2. Is this a record on a stillborn? (what is the # _ of the entry in the book of birth records?) or person assumed dead? _

3. Surname and name of the deceased: *Wedler, Johann Martin*

4. Sex: m. 5. Full years since birth: 62 years

5a. For children, who died before turning one year old:

Indicate exactly a) year, day and month of birth: 192_

b) which child it was for the mother: first, second, other

c) father's age " " years, and mother's age " " years

6. Time of death: 1927, *March 16th 7.* Permanent residence address:

Mennonite district, Molochanskiy region, Rueckenau village

or _ town, _ street, house #_

8. If died away from the place of permanent residence, then where exactly (name of hospital, shelter or other): _

9. Nationality: *German* 10. Provided for himself/herself: yes, if not, who exactly was the provider? _ 11. What was the source of income for the deceased or the provider (write exactly what work, or craft, or occupation, or property, pension, stipend or other)?

farming

12. Where did that person serve (name of company or institution), if not in one's own household? *his own household*

13. Position in the workforce: proprietor, or independent, member of a craftsman association, government servant, worker, helping in the family household (underline).

14. Marital status of the deceased: single, married, widow(er), separated

14a. For those that were married: a) last marriage is the (number): *first* b) when last married: *30* c) how old is the widowed partner: _ d) how many children were born from this marriage: *5* e) how many of them are still alive: *7* 1 boys, _ girls, and 3 that came of age.

15. Cause of death: *pneumonia*

Medical record of death #_

Surname and name of the declarant: *Wedler, Johann Johann*

Address of the declarant: *Rueckenau col.*

Names and numbers of the documents: _

Special notes: _

Signature of the declarant: [signature]

Registry office superintendent: [signature]

Registrar: [signature]

[note on the side:] The slip handed out under #6/22 on 03.17.27 [signature]

Ukranian SSR

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#1

PEOPLE'S COMMISSARIAT
OF INTERNAL AFFAIRS

Registry office at Rueckenau council (executive committee) Book

Molochanskiy region Mennonite district

for 1927

Death record #8 (com.)

#_ (m.) #5 (w.)

1. Record made *March 21st 1927*

2. Is this a record on a stillborn? (what is the # _ of the entry in the book of birth records?) or person assumed dead? _

3. Surname and name of the deceased: *Wiebe, Maria Jacob*

4. Sex: f. 5. Full years since birth: 77 years

5a. For children, who died before turning one year old:

Indicate exactly a) year, day and month of birth: 192_

b) which child it was for the mother: first, second, other

c) father's age " " years, and mother's age " " years

6. Time of death: 1927, *March 19th* 7. Permanent residence address:

Mennonite district, Molochanskiy region, Rueckenau village

or _ town, _ street, house #_

8. If died away from the place of permanent residence, then where exactly (name of hospital, shelter or other): _

9. Nationality: *German* 10. Provided for himself/herself: *no*, if not, who exactly was the provider?

daughter 11. What was the source of income for the deceased or the provider (write exactly what work, or craft, or occupation, or property, pension, stipend or other)?

farming

12. Where did that person serve (name of company or institution), if not in one's own household? *her own household*

13. Position in the workforce: proprietor, or independent, member of a craftsman association, government servant, worker, helping in the family household (underline).

14. Marital status of the deceased: single, married, widow(er), separated

14a. For those that were married: a) last marriage is the (number): *first* b) when last married: *44* c) how old is the widowed partner: _ d) how many children were born from this marriage: *2* e) how many of them are still alive: _ boys, _ girls, and *1* that came of age.

15. Cause of death: *cancer*

Medical record of death #_

Surname and name of the declarant: *Wedler, Nicolaus Martin Johann*

Address of the declarant: *Rueckenau col.*

Names and numbers of the documents: _

Special notes: _

Signature of the declarant: [signature]

Registry office superintendent: [signature]

Registrar: [signature]

[note on the side:] The slip handed out under #4/24 on 03.21.27 [signature]

Ukrainian SSR

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#1

PEOPLE'S COMMISSARIAT
OF INTERNAL AFFAIRS

Registry office at Rueckenau council (executive committee) Book

Molochanskiy region Mennonite district

for 1927

Death record #17 (com.)

#_ (m.) #11 (w.)

1. Record made *July 29th 1927*

2. Is this a record on a stillborn? (what is the # _ of the entry in the book of birth records?) or person assumed dead? _

3. Surname and name of the deceased: **Hamm, Maria Ger.**

4. Sex: f. 5. Full years since birth: 67 years

5a. For children, who died before turning one year old:

Indicate exactly a) year, day and month of birth: 192_

b) which child it was for the mother: first, second, other

c) father's age " " years, and mother's age " " years

6. Time of death: 1927, *July 28th* 7. Permanent residence address:

Mennonite district, Molochanskiy region, Rueckenau village

or _ town, _ street, house #_

8. If died away from the place of permanent residence, then where exactly (name of hospital, shelter or other): _

9. Nationality: *German* 10. Provided for himself/herself: *no*, if not, who exactly was the provider?

husband 11. What was the source of income for the deceased or the provider (write exactly what work, or craft, or occupation, or property, pension, stipend or other)?

farming

12. Where did that person serve (name of company or institution), if not in one's own household? *his own household*

13. Position in the workforce: proprietor, or independent, member of a craftsman association, government servant, worker, helping in the family household (underline).

14. Marital status of the deceased: single, married, widow(er), separated

14a. For those that were married: a) last marriage is the (number): *first* b) when last married: 34 c) how old is the widowed partner: _ d) how many children were born from this marriage: _ e) how many of them are still alive: _ boys, _ girls, and _ that came of age.

15. Cause of death: *pneumonia*

Medical record of death #_

Surname and name of the declarant: **Hamm, Jacob Jacob**

Address of the declarant: *Rueckenau col.*

Names and numbers of the documents: _

Special notes: _

Signature of the declarant: [signature]

Registry office superintendent: [signature]

Registrar: [signature]

[note on the side:] The slip handed out under #10/57 on 07.29.27 [signature]

Ukranian SSR

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#1

PEOPLE'S COMMISSARIAT
OF INTERNAL AFFAIRS

Registry office at Rueckenau council (executive committee) Book

Molochanskiy region Mennonite district

for 1927

Death record #19 (com.)

#_ (m.) #12 (w.)

1. Record made *August 4th* 1927

2. Is this a record on a stillborn? (what is the # _ of the entry in the book of birth records?) or person assumed dead? _

3. Surname and name of the deceased: **Voth, Anna**

4. Sex: f. 5. Full years since birth: 82 years

5a. For children, who died before turning one year old:

Indicate exactly a) year, day and month of birth: 192_

b) which child it was for the mother: first, second, other

c) father's age " " years, and mother's age " " years

6. Time of death: 1927, *August 2nd* 7. Permanent residence address:

Mennonite district, Molochanskiy region, Tiegerweide village

or _ town, _ street, house #_

8. If died away from the place of permanent residence, then where exactly (name of hospital, shelter or other): _

9. Nationality: *German* 10. Provided for himself/herself: *no*, if not, who exactly was the provider? *son*

11. What was the source of income for the deceased or the provider (write exactly what work, or craft, or occupation, or property, pension, stipend or other)?
farming

12. Where did that person serve (name of company or institution), if not in one's own household? *his own household*

13. Position in the workforce: proprietor, or independent, member of a craftsman association, government servant, worker, helping in the family household (underline).

14. Marital status of the deceased: single, married, widow(er), separated

14a. For those that were married: a) last marriage is the (number): *first* b) when last married: _ c) how old is the widowed partner: 24 d) how many children were born from this marriage: 6 e) how many of them are still alive: _ boys, _ girls, and 2 that came of age.

15. Cause of death: *pneumonia*

Medical record of death #_

Surname and name of the declarant: *Aganeta Voth*

Address of the declarant: *Rueckenau col.*

Names and numbers of the documents: _

Special notes: _

Signature of the declarant: [signature]

Registry office superintendent: [signature]

Registrar: [signature]

[note on the side:] The slip handed out under #12/60 on 08.04.27 [signature]

Ukranian SSR

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#_

PEOPLE'S COMMISSARIAT
OF INTERNAL AFFAIRS

Registry office at Rueckenau council (executive committee) Book

Molochanskiy region Mennonite district

for 1927

Death record #20 (com.)

#8 (m.) #_ (w.)

1. Record made *August 29th* 1927

2. Is this a record on a stillborn? (what is the # _ of the entry in the book of birth records?) or person assumed dead? _

3. Surname and name of the deceased: *Neuman, Jacob Heinrich*

4. Sex: m. 5. Full years since birth: 78 years

5a. For children, who died before turning one year old:

Indicate exactly a) year, day and month of birth: *1927 29th August*

b) which child it was for the mother: first, second, other

c) father's age " " years, and mother's age " " years

6. Time of death: 1927, *August 27th* 7. Permanent residence address:

Mennonite district, Molochanskiy region, Tiegerweide village

or _ town, _ street, house #_

8. If died away from the place of permanent residence, then where exactly (name of hospital, shelter or other): _

9. Nationality: *German* 10. Provided for himself/herself: *no*, if not, who exactly was the provider? *son*

11. What was the source of income for the deceased or the provider (write exactly what work, or craft, or occupation, or property, pension, stipend or other)?
farming

12. Where did that person serve (name of company or institution), if not in one's own household? *his own household*

13. Position in the workforce: proprietor, or independent, member of a craftsman association, government servant, worker, helping in the family household (underline).

14. Marital status of the deceased: single, married, widow(er), separated

14a. For those that were married: a) last marriage is the (number): *first* b) when last married: *1873* c) how old is the widowed partner: *32* d) how many children were born from this marriage: *11* e) how many of them are still alive: *7* boys, *7* girls, and _ that came of age.

15. Cause of death: *heart failure*

Medical record of death #_

Surname and name of the declarant: *Neuman, Jacob Jacob.*

Address of the declarant: *Tiegerweide village, Mennonite district, Molochanskiy region*

Names and numbers of the documents: _

Special notes: _

Signature of the declarant: [signature]

Registry office superintendent: [signature]

Registrar: [signature]

[note on the side:] The slip handed out under #13/70 on 08.29.27 [signature]

Ukranian SSR

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#2

PEOPLE'S COMMISSARIAT
OF INTERNAL AFFAIRS

Registry office at Rueckenau council (executive committee) Book

Molochanskiy region Mennonite district

for 1927

Death record #21 (com.)

#9 (m.) #_ (w.)

1. Record made *August 29th* 1927

2. Is this a record on a stillborn? (what is the # _ of the entry in the book of birth records?) or person assumed dead? _

3. Surname and name of the deceased: *Olfert, Jacob Diedrich*

4. Sex: m. 5. Full years since birth: _ years

5a. For children, who died before turning one year old:

Indicate exactly a) year, day and month of birth: 1927 *March 13th*

b) which child it was for the mother: first, second, other

c) father's age "31" years, and mother's age "24" years

6. Time of death: 1927, *August 28th* 7. Permanent residence address:

Mennonite district, Molochanskiy region, Tiegerweide village

or _ town, _ street, house #_

8. If died away from the place of permanent residence, then where exactly (name of hospital, shelter or other): _

9. Nationality: *German* 10. Provided for himself/herself: *no*, if not, who exactly was the provider?

father 11. What was the source of income for the deceased or the provider (write exactly what work, or craft, or occupation, or property, pension, stipend or other)?

farming

12. Where did that person serve (name of company or institution), if not in one's own household? *his own household*

13. Position in the workforce: proprietor, or independent, member of a craftsman association, government servant, worker, helping in the family household (underline).

14. Marital status of the deceased: single, married, widow(er), separated

14a. For those that were married: a) last marriage is the (number): _ b) when last married: _ c) how old is the widowed partner: _ d) how many children were born from this marriage: _ e) how many of them are still alive: _ boys, _ girls, and _ that came of age.

15. Cause of death: *rickets*

Medical record of death #_

Surname and name of the declarant: *Olfert, Diedrich Abram*

Address of the declarant: *Tiegerweide col.*

Names and numbers of the documents: _

Special notes: _

Signature of the declarant: [signature]

Registry office superintendent: [signature]

Registrar: [signature]

[note on the side:] The slip handed out under #14/71 on 08.29.27 [signature]

Ukranian SSR

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#2

PEOPLE'S COMMISSARIAT
OF INTERNAL AFFAIRS

Registry office at Rueckenau council (executive committee) Book

Molochanskiy region Mennonite district

for 1927

Death record #22 (com.)

#_ (m.) #13 (w.)

1. Record made *September 8th* 1927

2. Is this a record on a stillborn? (what is the # _ of the entry in the book of birth records?) or person assumed dead? _

3. Surname and name of the deceased: *Olfert, Katharina Heinrich*

4. Sex: f. 5. Full years since birth: *1 ½* years

5a. For children, who died before turning one year old:

Indicate exactly a) year, day and month of birth: 192_

b) which child it was for the mother: first, second, other

c) father's age " " years, and mother's age " " years

6. Time of death: 1927, *September 7th* 7. Permanent residence address:

Mennonite district, Molochanskiy region, Tiegerweide village

or _ town, _ street, house #_

8. If died away from the place of permanent residence, then where exactly (name of hospital, shelter or other): _

9. Nationality: *German* 10. Provided for himself/herself: _, if not, who exactly was the provider? *father*

11. What was the source of income for the deceased or the provider (write exactly what work, or craft, or occupation, or property, pension, stipend or other)?
farming

12. Where did that person serve (name of company or institution), if not in one's own household? *his own household*

13. Position in the workforce: proprietor, or independent, member of a craftsman association, government servant, worker, helping in the family household (underline).

14. Marital status of the deceased: single, married, widow(er), separated

14a. For those that were married: a) last marriage is the (number): _ b) when last married: _ c) how old is the widowed partner: _ d) how many children were born from this marriage: _ e) how many of them are still alive: _ boys, _ girls, and _ that came of age.

15. Cause of death: *scarlet fever*

Medical record of death #_

Surname and name of the declarant: *Olfert, Heinrich Abram*

Address of the declarant: *Tiegerweide village*

Names and numbers of the documents: _

Special notes: _

Signature of the declarant: [signature]

Registry office superintendent: [signature]

Registrar: [signature]

[note on the side:] The slip handed out under #15/74 on 09.08.27 [signature]

Ukranian SSR

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#2

PEOPLE'S COMMISSARIAT
OF INTERNAL AFFAIRS

Registry office at Rueckenau council (executive committee) Book

Molochanskiy region Mennonite district

for 1927

Death record #23 (com.)
#_ (m.) #14 (w.)

1. Record made *September 15th* 1927

2. Is this a record on a stillborn? (what is the # _ of the entry in the book of birth records?) or person assumed dead? _

3. Surname and name of the deceased: *Epp?*, *Margareta*

4. Sex: f. 5. Full years since birth: 79 years

5a. For children, who died before turning one year old:

Indicate exactly a) year, day and month of birth: 192_

b) which child it was for the mother: first, second, other

c) father's age " " years, and mother's age " " years

6. Time of death: 1927, *September 14th* 7. Permanent residence address:

Mennonite district, *Molochanskiy* region, *Rueckenau* village

or _ town, _ street, house #_

8. If died away from the place of permanent residence, then where exactly (name of hospital, shelter or other): _

9. Nationality: *German* 10. Provided for himself/herself: *no*, if not, who exactly was the provider? *son*

11. What was the source of income for the deceased or the provider (write exactly what work, or craft, or occupation, or property, pension, stipend or other)?
farming

12. Where did that person serve (name of company or institution), if not in one's own household? *his own household*

13. Position in the workforce: proprietor, or independent, member of a craftsman association, government servant, worker, helping in the family household (underline).

14. Marital status of the deceased: single, married, widow(er), separated

14a. For those that were married: a) last marriage is the (number): _ b) when last married: _ c) how old is the widowed partner: 16 d) how many children were born from this marriage: 7 e) how many of them are still alive: _ boys, _ girls, and 4 that came of age.

15. Cause of death: *old age*

Medical record of death #_

Surname and name of the declarant: *Pankratz, David David*

Address of the declarant: *Rueckenau col.*

Names and numbers of the documents: _

Special notes: _

Signature of the declarant: [signature]

Registry office superintendent: [signature]

Registrar: [signature]

[note on the side:] The slip handed out under #16/76 on 09.15.27 [signature]

Ukranian SSR

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#2

PEOPLE'S COMMISSARIAT
OF INTERNAL AFFAIRS

Registry office at Rueckenau council (executive committee) Book

Molochanskiy region Mennonite district

for 1927

Death record #24 (com.)

#10 (m.) #_ (w.)

1. Record made *September 19th 1927*

2. Is this a record on a stillborn? (what is the # _ of the entry in the book of birth records?) or person assumed dead? _

3. Surname and name of the deceased: **Bezolt, Reytolt**

4. Sex: m. 5. Full years since birth: 6 years

5a. For children, who died before turning one year old:

Indicate exactly a) year, day and month of birth: 192_

b) which child it was for the mother: first, second, other

c) father's age " " years, and mother's age " " years

6. Time of death: 1927, *September 19th 7.* Permanent residence address:

Mennonite district, Molochanskiy region, Tiegerweide village

or _ town, _ street, house #_

8. If died away from the place of permanent residence, then where exactly (name of hospital, shelter or other): _

9. Nationality: *German* 10. Provided for himself/herself: *no*, if not, who exactly was the provider?

father 11. What was the source of income for the deceased or the provider (write exactly what work, or craft, or occupation, or property, pension, stipend or other)?

farming

12. Where did that person serve (name of company or institution), if not in one's own household? *his own household*

13. Position in the workforce: proprietor, or independent, member of a craftsman association, government servant, worker, helping in the family household (underline).

14. Marital status of the deceased: single, married, widow(er), separated

14a. For those that were married: a) last marriage is the (number): _ b) when last married: _ c) how old is the widowed partner: _ d) how many children were born from this marriage: _ e) how many of them are still alive: _ boys, _ girls, and _ that came of age.

15. Cause of death: *scarlet fever*

Medical record of death #_

Surname and name of the declarant: **Bezolt, Avgust**

Address of the declarant: *Rueckenau col.*

Names and numbers of the documents: _

Special notes: _

Signature of the declarant: [signature]

Registry office superintendent: [signature]

Registrar: [signature]

[note on the side:] The slip handed out under #17/77 on 09.21.27 [signature]

Ukrainian SSR

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#2

PEOPLE'S COMMISSARIAT
OF INTERNAL AFFAIRS

Registry office at Rueckenau council (executive committee) Book

Molochanskiy region Mennonite district

for 1927

Death record #25 (com.)

#_ (m.) #15 (w.)

1. Record made *September 23^d* 1927

2. Is this a record on a stillborn? (what is the # _ of the entry in the book of birth records?) or person assumed dead? _

3. Surname and name of the deceased: *Tiessen, Maria*

4. Sex: f. 5. Full years since birth: 3 years

5a. For children, who died before turning one year old:

Indicate exactly a) year, day and month of birth: 192_

b) which child it was for the mother: first, second, other

c) father's age " " years, and mother's age " " years

6. Time of death: 1927, *September 21st* 7. Permanent residence address:

Mennonite district, Molochanskiy region, Rueckenau village

or _ town, _ street, house #_

8. If died away from the place of permanent residence, then where exactly (name of hospital, shelter or other): _

9. Nationality: *German* 10. Provided for himself/herself: *no*, if not, who exactly was the provider?

mother 11. What was the source of income for the deceased or the provider (write exactly what work, or craft, or occupation, or property, pension, stipend or other)?

being a farm hand

12. Where did that person serve (name of company or institution), if not in one's own household? *her own household*

13. Position in the workforce: proprietor, or independent, member of a craftsman association, government servant, worker, helping in the family household (underline).

14. Marital status of the deceased: single, married, widow(er), separated

14a. For those that were married: a) last marriage is the (number): _ b) when last married: _ c) how old is the widowed partner: _ d) how many children were born from this marriage: _ e) how many of them are still alive: _ boys, _ girls, and _ that came of age.

15. Cause of death: *heart failure*

Medical record of death #_

Surname and name of the declarant: _

Address of the declarant: _

Names and numbers of the documents: _

Special notes: _

Signature of the declarant: [signature]

Registry office superintendent: [signature]

Registrar: [signature]

[note on the side:] The slip handed out under #18/80 on 09.23.27 [signature]

Ukranian SSR

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#2

PEOPLE'S COMMISSARIAT
OF INTERNAL AFFAIRS

Registry office at Rueckenau council (executive committee) Book

Molochanskiy region Mennonite district

for 1927

Death record #26 (com.)

#11 (m.) #_ (w.)

1. Record made *October 3^d* 1927

2. Is this a record on a stillborn? (what is the # _ of the entry in the book of birth records?) or person assumed dead? _

3. Surname and name of the deceased: *Gilts, Gerhard*

4. Sex: m. 5. Full years since birth: _ years

5a. For children, who died before turning one year old:

Indicate exactly a) year, day and month of birth: 1927 *September 5th*

b) which child it was for the mother: first, second, other: *fifth*

c) father's age "33" years, and mother's age "33" years

6. Time of death: 1927, *October 2nd* 7. Permanent residence address:

Mennonite district, Molochanskiy region, Tiegerweide village

or _ town, _ street, house #_

8. If died away from the place of permanent residence, then where exactly (name of hospital, shelter or other): _

9. Nationality: *German* 10. Provided for himself/herself: *no*, if not, who exactly was the provider?

mother 11. What was the source of income for the deceased or the provider (write exactly what work, or craft, or occupation, or property, pension, stipend or other)?

got allowance from her husband

12. Where did that person serve (name of company or institution), if not in one's own household? *her own household*

13. Position in the workforce: proprietor, or independent, member of a craftsman association, government servant, worker, helping in the family household (underline).

14. Marital status of the deceased: single, married, widow(er), separated

14a. For those that were married: a) last marriage is the (number): _ b) when last married: _ c) how old is the widowed partner: _ d) how many children were born from this marriage: _ e) how many of them are still alive: _ boys, _ girls, and _ that came of age.

15. Cause of death: *convulsions*

Medical record of death #_

Surname and name of the declarant: *Gilts, Karl Karl*

Address of the declarant: *Tiegerweide col.*

Names and numbers of the documents: _

Special notes: _

Signature of the declarant: [signature]

Registry office superintendent: [signature]

Registrar: [signature]

[note on the side:] The slip handed out under #20/85 on 10.03.27 [signature]

Ukrainian SSR

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#2

PEOPLE'S COMMISSARIAT
OF INTERNAL AFFAIRS

Registry office at Rueckenau council (executive committee) Book

Molochanskiy region Mennonite district

for 1927

Death record #31 (com.)
#16 (m.) #_ (w.)

1. Record made November 28th 1927

2. Is this a record on a stillborn? (what is the # _ of the entry in the book of birth records?) or person assumed dead? _

3. Surname and name of the deceased: ***Martens, Heinrich Franz***

4. Sex: m. 5. Full years since birth: 88 years

5a. For children, who died before turning one year old:

Indicate exactly a) year, day and month of birth: 192_

b) which child it was for the mother: first, second, other:

c) father's age " " years, and mother's age " " years

6. Time of death: 1927, November 25th 7. Permanent residence address:

Mennonite district, Molochanskiy region, Rueckenau village

or _ town, _ street, house #_

8. If died away from the place of permanent residence, then where exactly (name of hospital, shelter or other): _

9. Nationality: *German* 10. Provided for himself/herself: *no*, if not, who exactly was the provider? *son-in-law*

11. What was the source of income for the deceased or the provider (write exactly what work, or craft, or occupation, or property, pension, stipend or other)?

teacher

12. Where did that person serve (name of company or institution), if not in one's own household?

Rueckenau Workers' School

13. Position in the workforce: proprietor, or independent, member of a craftsman association,

government servant, worker, helping in the family household (underline).

14. Marital status of the deceased: single, married, widow(er), separated

14a. For those that were married: a) last marriage is the (number): *third* b) when last married: *1903* c)
how old is the widowed partner: _ d) how many children were born from this marriage: _ e) how many of them are still alive: _ boys, _ girls, and _ that came of age.

15. Cause of death: *old age*

Medical record of death #_

Surname and name of the declarant: ***Voth, Heinrich***

Address of the declarant: *Rueckenau*

Names and numbers of the documents: _

Special notes: _

Signature of the declarant: [signature]

Registry office superintendent: [signature]

Registrar: [signature]

[note on the side:] The slip handed out under #24/109 on 11.28.27 [signature]

Ukranian SSR

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#2

PEOPLE'S COMMISSARIAT
OF INTERNAL AFFAIRS

Registry office at Rueckenau council (executive committee) Book

Molochanskiy region Mennonite district

for 1927

Death record #38 (com.)

#_ (m.) #19 (w.)

1. Record made *December 29th* 1927

2. Is this a record on a stillborn? (what is the # _ of the entry in the book of birth records?) or person assumed dead? _

3. Surname and name of the deceased: ***Martens, Susanna***

4. Sex: f. 5. Full years since birth: 75 years

5a. For children, who died before turning one year old:

Indicate exactly a) year, day and month of birth: 192_

b) which child it was for the mother: first, second, other:

c) father's age " " years, and mother's age " " years

6. Time of death: 1927, *December 25th* 7. Permanent residence address:

_ district, _ region, Rueckenau village

or _ town, _ street, house #_

8. If died away from the place of permanent residence, then where exactly (name of hospital, shelter or other): _

9. Nationality: *German* 10. Provided for himself/herself: *no*, if not, who exactly was the provider? *son*

11. What was the source of income for the deceased or the provider (write exactly what work, or craft, or occupation, or property, pension, stipend or other)?
farming

12. Where did that person serve (name of company or institution), if not in one's own household? *his own household*

13. Position in the workforce: proprietor, or independent, member of a craftsman association, government servant, worker, helping in the family household (underline).

14. Marital status of the deceased: single, married, widow(er), separated

14a. For those that were married: a) last marriage is the (number): *first* b) when last married: *1872* c) how old is the widowed partner: _ d) how many children were born from this marriage: *9* e) how many of them are still alive: _ boys, _ girls, and *6* that came of age.

15. Cause of death: *asthma*

Medical record of death #_

Surname and name of the declarant: ***Voth, Heinrich H.***

Address of the declarant: ***Rueckenau***

Names and numbers of the documents: _

Special notes: _

Signature of the declarant: [signature]

Registry office superintendent: [signature]

Registrar: [signature]

Ukranian SSR

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#1

PEOPLE'S COMMISSARIAT
OF INTERNAL AFFAIRS

Registry office at *Rueckenau* council (executive committee)

Book

Molochanskiy region Melitopolskiy district

Death record #1 (com.)

#1 (m.) #_ (w.)

1. Record made January 23rd 1928

2. Is this a record on a stillborn? (what is the # _ of the entry in the book of birth records?) or person assumed dead according to a court ruling? _

3. Surname and name of the deceased: **Rempel, Diedrich Died.**

4. Sex: m. 5. Full years since birth: 40 years

5a. For children, who died before turning one year old:

Indicate exactly a) year, day and month of birth: 192_

b) which child it was for the mother: first, second, other:

c) father's age " " years, and mother's age " " years

6. Time of death: 1928, January 21st 7. Permanent residence address:

Melitopolsk district, *Molochanskiy* region, *Rueckenau* village (or khutor)

or _ town, _ street, house #_

8. If died away from the place of permanent residence, then where exactly (name of hospital, shelter or other): _

9. Nationality: *German* 10. Provided for himself/herself: yes no, if not, who exactly was the provider? *received pension* 11. What was the source of income for the deceased or the provider (indicate if it was a kind of farming, if not, exactly what work, or craft, or occupation, on what position, did he receive money from relatives or state)? *National Insurance office*

12. Where did that person work or serve (name of company or institution), if in one's own household?

13. Position in the workforce: proprietor, or independent, member of a craftsman association, government servant, worker, helping in the family household (underline).

14. Marital status of the deceased: single, married, widow(er), separated? *married*

14a. For those that were married: a) last marriage is the (number): *first* b) when last married: *1918* c) how old is the widowed partner: _ d) how many children were born from this marriage: 4 e) how many of them are still alive: 3 boys, 1 girls, and besides that _ that came of age.

15. Cause of death: *paralysis*

Medical record of death #_

Surname and name of the declarant: **Wiebe, Peter Abram**

Address of the declarant: *Rueckenau*

Names and numbers of the documents: _

Special notes: Repeat statement I-ZhS #000119 from 03.23.1999 is sent to Sokulukskiy Registry Office, Kyrgyz Republic

Signature of the declarant: [signature]

Registry office superintendent: [signature]

Registrar: [signature]

[note on the side:] The slip handed out under #1/8 on 01.23.28 [signature]

Ukranian SSR

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#1

PEOPLE'S COMMISSARIAT
OF INTERNAL AFFAIRS

Registry office at Rueckenau council (executive committee)

Book

Molochanskiy region Melitopolskiy district

Death record #2 (com.)

#2 (m.) #_ (w.)

1. Record made *January 25th* 1928

2. Is this a record on a stillborn? (what is the # _ of the entry in the book of birth records?) or person assumed dead according to a court ruling? _

3. Surname and name of the deceased: *Dyck, Heinrich Heinrich*

4. Sex: *m.* 5. Full years since birth: *1* years

5a. For children, who died before turning one year old:

Indicate exactly a) year, day and month of birth: 192_

b) which child it was for the mother: first, second, other:

c) father's age " " years, and mother's age " " years

6. Time of death: 1928, *January 24th* 7. Permanent residence address:

Melitopolsk district, *Molochanskiy* region, *Tiegerweide* village (or khutor)

or _ town, _ street, house #_

8. If died away from the place of permanent residence, then where exactly (name of hospital, shelter or other): _

9. Nationality: *German* 10. Provided for himself/herself: *no*, if not, who exactly was the provider?

father 11. What was the source of income for the deceased or the provider (indicate if it was a kind of farming, if not, exactly what work, or craft, or occupation, on what position, did he receive money from relatives or state)? *farming*

12. Where did that person work or serve (name of company or institution), if in one's own household?
his own household

13. Position in the workforce: proprietor, or independent, member of a craftsman association,
government servant, worker, helping in the family household (underline).

14. Marital status of the deceased: single, married, widow(er), separated? *single*

14a. For those that were married: a) last marriage is the (number): _ b) when last married: _ c) how old is the widowed partner: _ d) how many children were born from this marriage: _ e) how many of them are still alive: _ boys, _ girls, and besides that _ that came of age.

15. Cause of death: *pneumonia*

Medical record of death #_

Surname and name of the declarant: *Dyck, Heinrich Peter*

Address of the declarant: *Tiegerweide*

Names and numbers of the documents: _

Special notes: _

Signature of the declarant: [signature]

Registry office superintendent: [signature]

Registrar: [signature]

Ukranian SSR

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#1

PEOPLE'S COMMISSARIAT
OF INTERNAL AFFAIRS

Registry office at Rueckenau council (executive committee)

Book

Molochanskiy region Melitopolskiy district

Death record #5 (com.)

#4 (m.) #_ (w.)

1. Record made *March 13th* 1928

2. Is this a record on a stillborn? (what is the # _ of the entry in the book of birth records?) or person assumed dead according to a court ruling? _

3. Surname and name of the deceased: **Peters, Wilhelm**

4. Sex: *m.* 5. Full years since birth: _ years

5a. For children, who died before turning one year old:

Indicate exactly a) year, day and month of birth: 1928, *March 12th*

b) which child it was for the mother: first, second, other: 6

c) father's age "36" years, and mother's age "33" years

6. Time of death: 1928, *March 13th* 7. Permanent residence address:

Melitopolsk district, *Molochanskiy* region, *Rueckenau* village (or khutor)

or _ town, _ street, house #_

8. If died away from the place of permanent residence, then where exactly (name of hospital, shelter or other): _

9. Nationality: *German* 10. Provided for himself/herself: *no*, if not, who exactly was the provider?

father 11. What was the source of income for the deceased or the provider (indicate if it was a kind of farming, if not, exactly what work, or craft, or occupation, on what position, did he receive money from relatives or state)? *serving in a cooperative*

12. Where did that person work or serve (name of company or institution), if in one's own household? *in Molochansk*

13. Position in the workforce: proprietor, or independent, member of a craftsman association, government servant, worker, helping in the family household (underline).

14. Marital status of the deceased: single, married, widow(er), separated? *single*

14a. For those that were married: a) last marriage is the (number): _ b) when last married: _ c) how old is the widowed partner: _ d) how many children were born from this marriage: _ e) how many of them are still alive: _ boys, _ girls, and besides that _ that came of age.

15. Cause of death: *premature birth*

Medical record of death #_

Surname and name of the declarant: **Peters, Heinrich Jacob**

Address of the declarant: *Rueckenau Colony, Molochanskiy region, Melitopolskiy district*

Names and numbers of the documents:

Special notes:

Signature of the declarant: [signature]

Registry office superintendent: [signature]

Registrar: [signature]

Ukranian SSR

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#1

PEOPLE'S COMMISSARIAT
OF INTERNAL AFFAIRS

Registry office at Rueckenau council (executive committee)

Book

Molochanskiy region Melitopolskiy district

Death record #7 (com.)

#_ (m.) #2 (w.)

1. Record made *March 16th* 1928

2. Is this a record on a stillborn? (what is the # _ of the entry in the book of birth records?) or person assumed dead according to a court ruling? _

3. Surname and name of the deceased: **Peters, Maria**

4. Sex: f. 5. Full years since birth: _ years

5a. For children, who died before turning one year old:

Indicate exactly a) year, day and month of birth: 1928 *March 13th*

b) which child it was for the mother: first, second, other: 6

c) father's age "36" years, and mother's age "33" years

6. Time of death: 1928, *March 15th* 7. Permanent residence address:

Melitopolsk district, *Molochanskiy* region, *Rueckenau* village (or khutor)

or _ town, _ street, house #_

8. If died away from the place of permanent residence, then where exactly (name of hospital, shelter or other): _

9. Nationality: *German* 10. Provided for himself/herself: *no*, if not, who exactly was the provider?

mother 11. What was the source of income for the deceased or the provider (indicate if it was a kind of farming, if not, exactly what work, or craft, or occupation, on what position, did he receive money from relatives or state)? *teacher*

12. Where did that person work or serve (name of company or institution), if in one's own household?

Rueckenau Workers' School

13. Position in the workforce: proprietor, or independent, member of a craftsman association,
government servant, worker, helping in the family household (underline).

14. Marital status of the deceased: single, married, widow(er), separated? *single*

14a. For those that were married: a) last marriage is the (number): _ b) when last married: _ c) how old is the widowed partner: _ d) how many children were born from this marriage: _ e) how many of them are still alive: _ boys, _ girls, and besides that _ that came of age.

15. Cause of death: *premature birth*

Medical record of death #_

Surname and name of the declarant: **Friesen, Peter Heinrich**

Address of the declarant: *Rueckenau Colony, Molochanskiy region, Melitopolskiy district*

Names and numbers of the documents: _

Special notes: _

Signature of the declarant: [signature]

Registry office superintendent: [signature]

Registrar: [signature]

Ukranian SSR

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#1

PEOPLE'S COMMISSARIAT
OF INTERNAL AFFAIRS

Registry office at *Rueckenau* council (executive committee)

Book

Molochanskiy region Melitopolskiy district

Death record #10 (com.)

#6 (m.) #_ (w.)

1. Record made *April 28th* 1928

2. Is this a record on a stillborn? (what is the # _ of the entry in the book of birth records?) or person assumed dead according to a court ruling? _

3. Surname and name of the deceased: ***Schellenberg, Rudolf***

4. Sex: m. 5. Full years since birth: _ years

5a. For children, who died before turning one year old:

Indicate exactly a) year, day and month of birth: 1928 *April 21st*

b) which child it was for the mother: first, second, other:

c) father's age "27" years, and mother's age "24" years

6. Time of death: 1928, *April 26th* 7. Permanent residence address:

Melitopolsk district, *Molochanskiy* region, *Rueckenau* village (or khutor)

or _ town, _ street, house #_

8. If died away from the place of permanent residence, then where exactly (name of hospital, shelter or other): *Muptausk clinic*

9. Nationality: *German* 10. Provided for himself/herself: *no*, if not, who exactly was the provider?

mother 11. What was the source of income for the deceased or the provider (indicate if it was a kind of farming, if not, exactly what work, or craft, or occupation, on what position, did he receive money from relatives or state)? *proprietor*

12. Where did that person work or serve (name of company or institution), if in one's own household?
her own household

13. Position in the workforce: proprietor, or independent, member of a craftsman association, government servant, worker, helping in the family household (underline).

14. Marital status of the deceased: single, married, widow(er), separated? _

14a. For those that were married: a) last marriage is the (number): _ b) when last married: _ c) how old is the widowed partner: _ d) how many children were born from this marriage: _ e) how many of them are still alive: _ boys, _ girls, and besides that _ that came of age.

15. Cause of death: *pneumonia*

Medical record of death #_

Surname and name of the declarant: ***Schellenberg, Abram David***

Address of the declarant: *Rueckenau*

Names and numbers of the documents: _

Special notes: _

Signature of the declarant: [signature]

Registry office superintendent: [signature]

Registrar: [signature]

[note on the side:] The slip handed out under #9/54 on 04.28.28 [signature]

Ukranian SSR

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#1

PEOPLE'S COMMISSARIAT
OF INTERNAL AFFAIRS

Registry office at Rueckenau council (executive committee)

Book

Molochanskiy region Melitopolskiy district

Death record #14 (com.)

#8 (m.) #_ (w.)

1. Record made *June 7th* 1928

2. Is this a record on a stillborn? (what is the # _ of the entry in the book of birth records?) or person assumed dead according to a court ruling? _

3. Surname and name of the deceased: **Bonelis, Joseph**

4. Sex: *m.* 5. Full years since birth: *54* years

5a. For children, who died before turning one year old:

Indicate exactly a) year, day and month of birth: 192 _

b) which child it was for the mother: first, second, other: _

c) father's age " " years, and mother's age " " years

6. Time of death: 1928, *June 5th* 7. Permanent residence address:

Melitopolsk district, *Molochanskiy* region, *Tiegerfeld* village (or khutor)

or _ town, _ street, house #_

8. If died away from the place of permanent residence, then where exactly (name of hospital, shelter or other): _

9. Nationality: *German* 10. Provided for himself/herself: yes, if not, who exactly was the provider?

himself 11. What was the source of income for the deceased or the provider (indicate if it was a kind of farming, if not, exactly what work, or craft, or occupation, on what position, did he receive money from relatives or state)? *farming*

12. Where did that person work or serve (name of company or institution), if in one's own household?
his own household

13. Position in the workforce: proprietor, or independent, member of a craftsman association, government servant, worker, helping in the family household (underline).

14. Marital status of the deceased: single, married, widow(er), separated?

14a. For those that were married: a) last marriage is the (number): *second* b) when last married: *1918* c) how old is the widowed partner: *31* d) how many children were born from this marriage: *1* e) how many of them are still alive: _ boys, *1* girls, and besides that _ that came of age.

15. Cause of death: *hydrops*

Medical record of death #_

Surname and name of the declarant: **Janzen, Franz Franz**

Address of the declarant: *Tiegerfeld*

Names and numbers of the documents: _

Special notes: _

Signature of the declarant: [signature]

Registry office superintendent: [signature]

Registrar: [signature]

Ukrainian SSR

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#1

PEOPLE'S COMMISSARIAT
OF INTERNAL AFFAIRS

Registry office at Rueckenau council (executive committee)

Book

Molochanskiy region Melitopolskiy district

Death record #16 (com.)

#_ (m.) #7 (w.)

1. Record made *July 31st* 1928

2. Is this a record on a stillborn? (what is the # _ of the entry in the book of birth records?) or person assumed dead according to a court ruling? _

3. Surname and name of the deceased: ***Martens, Agnes***

4. Sex: f. 5. Full years since birth: _

5a. For children, who died before turning one year old:

Indicate exactly a) year, day and month of birth: 1928 *July 16th*

b) which child it was for the mother: first, second, other: *fourth*

c) father's age "32" years, and mother's age "28" years

6. Time of death: 1928, *July 30th* 7. Permanent residence address:

Melitopolsk district, *Molochanskiy* region, *Rueckenau* village (or khutor)

or _ town, _ street, house #_

8. If died away from the place of permanent residence, then where exactly (name of hospital, shelter or other): _

9. Nationality: *German* 10. Provided for himself/herself: *no*, if not, who exactly was the provider?

mother 11. What was the source of income for the deceased or the provider (indicate if it was a kind of farming, if not, exactly what work, or craft, or occupation, on what position, did he receive money from relatives or state)? *farming*

12. Where did that person work or serve (name of company or institution), if in one's own household?
her own household

13. Position in the workforce: proprietor, or independent, member of a craftsman association, government servant, worker, helping in the family household (underline).

14. Marital status of the deceased: single, married, widow(er), separated?

14a. For those that were married: a) last marriage is the (number): _ b) when last married: _ c) how old is the widowed partner: _ d) how many children were born from this marriage: _ e) how many of them are still alive: _ boys, _ girls, and besides that _ that came of age.

15. Cause of death: *convulsions*

Medical record of death #_

Surname and name of the declarant: ***Martens, Peter Cornelius***

Address of the declarant: *Rueckenau*

Names and numbers of the documents: _

Special notes: _

Signature of the declarant: [signature]

Registry office superintendent: [signature]

Registrar: [signature]

[note on the side:] The slip handed out under #14/77 on 07.31.28 [signature]

Ukranian SSR

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#1

PEOPLE'S COMMISSARIAT
OF INTERNAL AFFAIRS

Registry office at Rueckenau council (executive committee) Book

Molochanskiy region Melitopolskiy district

for 1928

Death record #19 (com.)

#_ (m.) #9 (w.)

1. Record made *September 12th* 1928

2. Is this a record on a stillborn? (what is the # _ of the entry in the book of birth records?) or person assumed dead according to a court ruling? *no*

3. Surname and name of the deceased: *Willems, Aganeta Heinr.*

4. Sex: f. 5. Full years since birth: *60* years

5a. For children, who died before turning one year old:

Indicate exactly a) year, day and month of birth: *192 _*

b) which child it was for the mother: first, second, other: *_*

c) father's age " _ years, and mother's age " _ years

6. Time of death: 1928, *October 9th* 7. Permanent residence address:

Melitopolsk district, Molochanskiy region, Fuerstenwerder village (or khutor)

or _ town, _ street, house #_

8. If died away from the place of permanent residence, then where exactly (name of hospital, shelter or other): _

9. Nationality: *German* 10. Provided for himself/herself: _, if not, who exactly was the provider?

brother 11. What was the source of income for the deceased or the provider (indicate if it was a kind of farming, if not, exactly what work, or craft, or occupation, on what position, did he receive money from relatives or state)? *farming*

12. Where did that person work or serve (name of company or institution), if in one's own household?
his own household

13. Position in the workforce: proprietor, or independent, member of a craftsman association, government servant, worker, helping in the family household (underline).

14. Marital status of the deceased: single, married, widow(er), separated? *single*

14a. For those that were married: a) last marriage is the (number): _ b) when last married: _ c) how old is the widowed partner: _ d) how many children were born from this marriage: _ e) how many of them are still alive: _ boys, _ girls, and besides that _ that came of age.

15. Cause of death: *cancer*

Medical record of death #_

Surname and name of the declarant: *Willems, Gerhard Heinr.*

Address of the declarant: *Fuerstenwerder col.*

Names and numbers of the documents: _

Special notes: _

Signature of the declarant: [signature]

Registry office superintendent: [signature]

Registrar: [signature]

[note on the side:] The slip handed out under #19/26 on 10.12.28 [signature]

Ukranian SSR

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#1

PEOPLE'S COMMISSARIAT
OF INTERNAL AFFAIRS

Registry office at Rueckenau council (executive committee)

Book

Molochanskiy region Melitopolskiy district

Death record #20 (com.)

#_ (m.) #10 (w.)

1. Record made *October 279th* 1928

2. Is this a record on a stillborn? (what is the # _ of the entry in the book of birth records?) or person assumed dead according to a court ruling? _

3. Surname and name of the deceased: **Pauls, Anna Jac.**

4. Sex: f. 5. Full years since birth: 64 years

5a. For children, who died before turning one year old:

Indicate exactly a) year, day and month of birth: 192 _

b) which child it was for the mother: first, second, other: _

c) father's age " " years, and mother's age " " years

6. Time of death: 1928, *October 25th* 7. Permanent residence address:

Melitopolsk district, Molochanskiy region, Fuerstenwerder village (or khutor)

or _ town, _ street, house #_

8. If died away from the place of permanent residence, then where exactly (name of hospital, shelter or other): _

9. Nationality: *German* 10. Provided for himself/herself: *no*, if not, who exactly was the provider?

brother 11. What was the source of income for the deceased or the provider (indicate if it was a kind of farming, if not, exactly what work, or craft, or occupation, on what position, did he receive money from relatives or state)? *farming*

12. Where did that person work or serve (name of company or institution), if in one's own household?
his own household

13. Position in the workforce: proprietor, or independent, member of a craftsman association,
government servant, worker, helping in the family household (underline).

14. Marital status of the deceased: single, married, widow(er), separated? *single*

14a. For those that were married: a) last marriage is the (number): _ b) when last married: _ c) how old is the widowed partner: _ d) how many children were born from this marriage: _ e) how many of them are still alive: _ boys, _ girls, and besides that _ that came of age.

15. Cause of death: *heart failure*

Medical record of death #_

Surname and name of the declarant: **Pauls, Johann Jac.**

Address of the declarant: *Fuerstenwerder col.*

Names and numbers of the documents: _

Special notes: _

Signature of the declarant: [signature]

Registry office superintendent: [signature]

Registrar: [signature]

[note on the side:] The slip handed out under #20/111 on 10.29.28 [signature]

Ukranian SSR

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#1

PEOPLE'S COMMISSARIAT
OF INTERNAL AFFAIRS

Registry office at Rueckenau council (executive committee)

Book

Molochanskiy region Melitopolskiy district

Death record #21 (com.)

#_ (m.) #_ (w.)

1. Record made *November 8th* 1928

2. Is this a record on a stillborn? (what is the # _ of the entry in the book of birth records?) or person assumed dead according to a court ruling? _

3. Surname and name of the deceased: **Fast, Heinrich Isaak**

4. Sex: *m.* 5. Full years since birth: 29 years

5a. For children, who died before turning one year old:

Indicate exactly a) year, day and month of birth: 192 _

b) which child it was for the mother: first, second, other: _

c) father's age " " years, and mother's age " " years

6. Time of death: 1928, *November 6th* 7. Permanent residence address:

Melitopolsk district, *Molochanskiy* region, *Rueckenau* village (or khutor)

or _ town, _ street, house #_

8. If died away from the place of permanent residence, then where exactly (name of hospital, shelter or other): _

9. Nationality: *German* 10. Provided for himself/herself: yes, if not, who exactly was the provider? _ 11. What was the source of income for the deceased or the provider (indicate if it was a kind of farming, if not, exactly what work, or craft, or occupation, on what position, did he receive money from relatives or state)? *farming*

12. Where did that person work or serve (name of company or institution), if in one's own household? *his own household*

13. Position in the workforce: proprietor, or independent, member of a craftsman association, government servant, worker, helping in the family household (underline).

14. Marital status of the deceased: single, married, widow(er), separated? *married*

14a. For those that were married: a) last marriage is the (number): *first* b) when last married: *1924* c) how old is the widowed partner: *26* d) how many children were born from this marriage: *2* e) how many of them are still alive: _ boys, _ girls, and besides that _ that came of age.

15. Cause of death: *typhoid*

Medical record of death #_

Surname and name of the declarant: **Fast, Isaac Johann**

Address of the declarant: *Rueckenau*

Names and numbers of the documents: _

Special notes: _

Signature of the declarant: [signature]

Registry office superintendent: [signature]

Registrar: [signature]

Ukranian SSR

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#1

PEOPLE'S COMMISSARIAT
OF INTERNAL AFFAIRS

Registry office at Rueckenau council (executive committee)

Book

Molochanskiy region Melitopolskiy district

Death record #22 (com.)

#_ (m.) #_ (w.)

1. Record made *December 4th* 1928

2. Is this a record on a stillborn? (what is the # _ of the entry in the book of birth records?) or person assumed dead according to a court ruling? _

3. Surname and name of the deceased: ***Martens, Margaretha Peter***

4. Sex: *m.* 5. Full years since birth: *3* years

5a. For children, who died before turning one year old:

Indicate exactly a) year, day and month of birth: 192 _

b) which child it was for the mother: first, second, other: _

c) father's age " " years, and mother's age " " years

6. Time of death: 1928, *December 2nd* 7. Permanent residence address:

Melitopolsk district, *Molochanskiy* region, *Rueckenau* village (or khutor)

or _ town, _ street, house #_

8. If died away from the place of permanent residence, then where exactly (name of hospital, shelter or other): _

9. Nationality: *German* 10. Provided for himself/herself: *no*, if not, who exactly was the provider?

father 11. What was the source of income for the deceased or the provider (indicate if it was a kind of farming, if not, exactly what work, or craft, or occupation, on what position, did he receive money from relatives or state)? *farming*

12. Where did that person work or serve (name of company or institution), if in one's own household?
his own household

13. Position in the workforce: proprietor, or independent, member of a craftsman association,
government servant, worker, helping in the family household (underline).

14. Marital status of the deceased: single, married, widow(er), separated? *single*

14a. For those that were married: a) last marriage is the (number): _ b) when last married: _ c) how old is the widowed partner: _ d) how many children were born from this marriage: _ e) how many of them are still alive: _ boys, _ girls, and besides that _ that came of age.

15. Cause of death: *flu*

Medical record of death #_

Surname and name of the declarant: ***Martens P. K.***

Address of the declarant: *Rueckenau col.*

Names and numbers of the documents: _

Special notes: _

Signature of the declarant: [signature]

Registry office superintendent: [signature]

Registrar: [signature]

Ukranian SSR

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#1

PEOPLE'S COMMISSARIAT
OF INTERNAL AFFAIRS

Registry office at Rueckenau council (executive committee)

Book

Molochanskiy region Melitopolskiy district

Death record #1 (com.)

#1 (m.) #_ (w.)

1. Record made *January 29th* 1929

2. Is this a record on a stillborn? (what is the # _ of the entry in the book of birth records?) or person assumed dead according to a court ruling? _

3. Surname and name of the deceased: **Dyck, Jacob Jacob**

4. Sex: m. 5. Full years since birth: 69 years

5a. For children, who died before turning one year old:

Indicate exactly a) year, day and month of birth: 192 _

b) which child it was for the mother: first, second, other: _

c) father's age " " years, and mother's age " " years

6. Time of death: 1929, *January 27th* 7. Permanent residence address:

Melitopolsk district, *Molochanskiy* region, *Alexanderwohl* village (or khutor)

or _ town, _ street, house #_

8. If died away from the place of permanent residence, then where exactly (name of hospital, shelter or other): *Al-vol*

9. Nationality: *German* 10. Provided for himself/herself: *no*, if not, who exactly was the provider?

children 11. What was the source of income for the deceased or the provider (indicate if it was a kind of farming, if not, exactly what work, or craft, or occupation, on what position, did he receive money from relatives or state)? *farming*

12. Where did that person work or serve (name of company or institution), if in one's own household?
their own household

13. Position in the workforce: proprietor, or independent, member of a craftsman association, government servant, worker, helping in the family household (underline).

14. Marital status of the deceased: single, married, widow(er), separated? *widower*

14a. For those that were married: a) last marriage is the (number): _ b) when last married: _ c) how old is the widowed partner: _ d) how many children were born from this marriage: _ e) how many of them are still alive: _ boys, _ girls, and besides that _ that came of age.

15. Cause of death: *flu*

Medical record of death #2

Surname and name of the declarant: **Dyck, Johann Jacob**

Address of the declarant: *Al-vol col.*

Names and numbers of the documents: _

Special notes: _

Signature of the declarant: [signature]

Registry office superintendent: [signature]

Registrar: [signature]

[note on the side:] The slip handed out under #1/1 [signature]

Ukranian SSR

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#1

PEOPLE'S COMMISSARIAT
OF INTERNAL AFFAIRS

Registry office at Rueckenau council (executive committee)

Book

Molochanskiy region Melitopolskiy district

Death record #2 (com.)

#_ (m.) #_ (w.)

1. Record made *January 29th* 1929

2. Is this a record on a stillborn? (what is the # _ of the entry in the book of birth records?) or person assumed dead according to a court ruling? _

3. Surname and name of the deceased: **Lepky, Eva**

4. Sex: f. 5. Full years since birth: 82 years

5a. For children, who died before turning one year old:

Indicate exactly a) year, day and month of birth: 192 _

b) which child it was for the mother: first, second, other: _

c) father's age "—" years, and mother's age "—" years

6. Time of death: 1929, *January 27th* 7. Permanent residence address:

Melitopolsk district, *Molochanskiy* region, *Alexanderwohl* village (or khutor)

or _ town, _ street, house #_

8. If died away from the place of permanent residence, then where exactly (name of hospital, shelter or other): *Aleks-vol*

9. Nationality: *German* 10. Provided for himself/herself: *no*, if not, who exactly was the provider? *son-in-law* 11. What was the source of income for the deceased or the provider (indicate if it was a kind of farming, if not, exactly what work, or craft, or occupation, on what position, did he receive money from relatives or state)? *farming*

12. Where did that person work or serve (name of company or institution), if in one's own household? *his own household*

13. Position in the workforce: proprietor, or independent, member of a craftsman association, government servant, worker, helping in the family household (underline).

14. Marital status of the deceased: single, married, widow(er), separated? *widow*

14a. For those that were married: a) last marriage is the (number): _ b) when last married: _ c) how old is the widowed partner: _ d) how many children were born from this marriage: _ e) how many of them are still alive: _ boys, _ girls, and besides that _ that came of age.

15. Cause of death: *pneumonia*

Medical record of death #1

Surname and name of the declarant: **Dyck, Johann Jacob**

Address of the declarant: _

Names and numbers of the documents: _

Special notes: _

Signature of the declarant: [signature]

Registry office superintendent: [signature]

Registrar: [signature]

[note on the side:] The slip handed out under #2/4 on 01.29.29 [signature]

Ukrainian SSR

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PEOPLE'S COMMISSARIAT
OF INTERNAL AFFAIRS

Registry office at *Prangenau* council (executive committee)
Molochanskiy region *Melitopolskiy* district

Book #1
for 1925

Death record #1 (common)

#1 by the count of men #_ by the count of women

1. Time of record: *January 3rd*, 1925 2. Surname, first name, paternal name of the deceased: **Hiebert, Gerhard Iog.**?
3. Sex: *m.* 4. Age (year, month and day of birth, or number of years): *1858, 12.31, 67 years*
- 4a. If the deceased is a child younger than one year old, only indicate the year _ and month _ of birth
5. Place of residence of the deceased { *Melitopolskiy* district, *Molochanskiy* region, *Friedensruh* village
{ or _ town, _ street, house #_
6. Place of death { *Melitopolskiy* district, *Molochanskiy* region, *Friedensruh* village
{ or _ town, _ street, house #_
{ or, if died in a hospital, its name
7. Time of death: *January 1st* 1925 8. Marital status of the deceased: *married*
9. Nationality: *German* 10. Primary occupation: *farming* (for children younger than 10, occupation of the person who provides for them)
11. Status in the workforce (hired worker, in service, proprietor, or extra family member): *proprietor*
12. Cause of death: *asthma* 13. Recorded as “stillborn” or “assumed dead” (see section III, #4 for instructions): _

Surname, name and paternal name of the declarant: **Hiebert, Ifg. Ifg.²**

Address of the declarant: *c[olony] Friedensruh, Berdyanskiy district of the Molochanskiy region*

Names and numbers of the documents: _

Special notes: _

Signature of the declarant: [signature]

Registry office superintendent: [signature]

Registrar:

[signature]

² “Ifg” is the best guess on my part [translator]

Ukrainian SSR

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PEOPLE'S COMMISSARIAT
OF INTERNAL AFFAIRS

Registry office at *Prangenau* council (executive committee)
Molochanskiy region *Berdyanskiy* district

Book #1
for 1925

Death record #3 (common)

#_ by the count of men #2 by the count of women

1. Time of record: *February 27th, 1925* 2. Surname, first name, paternal name of the deceased: *Andres, Frida Henr.*

3. Sex: _ 4. Age (year, month and day of birth, or number of years): *02.18 25*

4a. If the deceased is a child younger than one year old, only indicate the year _ and month _ of birth

5. Place of residence of the deceased { *Berdyanskiy* district, *Molochanskiy* region, *Prangenau* village
{ or _ town, _ street, house #_

6. Place of death { *Berdyanskiy* district, *Molochanskiy* region, *Prangenau* village
{ or _ town, _ street, house #_
{ or, if died in a hospital, its name

7. Time of death: *February 27th 1925* 8. Marital status of the deceased: *single*

9. Nationality: *German* 10. Primary occupation: *farming* (for children younger than 10, occupation of the person who provides for them)

11. Status in the workforce (hired worker, in service, proprietor, or extra family member): *family member*

12. Cause of death: *young age* 13. Recorded as “stillborn” or “assumed dead” (see section III, #4 for instructions): _

Surname, name and paternal name of the declarant: *Andres, Heinrich Johann*

Address of the declarant: *Prangenau, Molochanskiy rn.*

Names and numbers of the documents: _

Special notes: _

Signature of the declarant: [signature]

Registry office superintendent: [signature]

Registrar:

[signature]

Ukrainian SSR

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PEOPLE'S COMMISSARIAT
OF INTERNAL AFFAIRS

Registry office at *Prangenau* council (executive committee)
Molochanskiy region *Berdyanskiy* district

Book #1
for 1925

Death record #7 (common)

#_ by the count of men #5 by the count of women

1. Time of record: *April 2nd*, 1925 2. Surname, first name, paternal name of the deceased: **Dyck, Justina Heinrich**

3. Sex: f 4. Age (year, month and day of birth, or number of years): *6 months*

4a. If the deceased is a child younger than one year old, only indicate the year _ and month _ of birth

5. Place of residence of the deceased { *Berdyanskiy* district, *Molochanskiy* region, *Steinfeld* village
{ or _ town, _ street, house #_

6. Place of death { *Berdyanskiy* district, *Molochanskiy* region, *Steinfeld* village
{ or _ town, _ street, house #_
{ or, if died in a hospital, its name

7. Time of death: *April 2nd* 1925 8. Marital status of the deceased: *single*

9. Nationality: *German* 10. Primary occupation: *farming* (for children younger than 10, occupation of the person who provides for them)

11. Status in the workforce (hired worker, in service, proprietor, or extra family member): *family member*

12. Cause of death: *pneumonia* 13. Recorded as "stillborn" or "assumed dead" (see section III, #4 for instructions): _

Surname, name and paternal name of the declarant: **Dyck, Heinrich Johann**

Address of the declarant: *Steinfeld, Prangenauskiy rn.*

Names and numbers of the documents: _

Special notes: _

Signature of the declarant: [signature]

Registry office superintendent: [signature]

Registrar:

[signature]

Ukrainian SSR

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PEOPLE'S COMMISSARIAT
OF INTERNAL AFFAIRS

Registry office at *Prangenau* council (executive committee)
Molochanskiy region *Berdyanskiy* district

Book #1
for 1925

Death record #8 (common)

#_ by the count of men #6 by the count of women

1. Time of record: *April 9th, 1925* 2. Surname, first name, paternal name of the deceased: ***Janzen, Helena Kornelius***

3. Sex: *f* 4. Age (year, month and day of birth, or number of years): *03.27.1925*

4a. If the deceased is a child younger than one year old, only indicate the year *1925* and month *March* of birth

5. Place of residence of the deceased { *Berdyanskiy* district, *Molochanskiy* region, *Prangenau* village
{ or _ town, _ street, house #_

6. Place of death { *Berdyanskiy* district, *Molochanskiy* region, *Prangenau* village
{ or _ town, _ street, house #_
{ or, if died in a hospital, its name

7. Time of death: *April 8th 1925* 8. Marital status of the deceased: *single*

9. Nationality: *German* 10. Primary occupation: *farming* (for children younger than 10, occupation of the person who provides for them)

11. Status in the workforce (hired worker, in service, proprietor, or extra family member): *family member*

12. Cause of death: *young age* 13. Recorded as "stillborn" or "assumed dead" (see section III, #4 for instructions): _

Surname, name and paternal name of the declarant: ***Janzen, Kornelius Jacob***

Address of the declarant: *Prangenau village, same rn.*

Names and numbers of the documents: _

Special notes: _

Signature of the declarant: [signature]

Registry office superintendent: [signature]

Registrar:

[signature]

Ukrainian SSR

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PEOPLE'S COMMISSARIAT
OF INTERNAL AFFAIRS

Registry office at *Prangenau* council (executive committee)
Molochanskiy region *Berdyanskiy* district

Book #1
for 1925

Death record #9 (common)

#3 by the count of men #_ by the count of women

1. Time of record: *April 12th*, 1925 2. Surname, first name, paternal name of the deceased: **Harder, Abram Ifg.**?

3. Sex: *m.* 4. Age (year, month and day of birth, or number of years): *1849, 02.22*

4a. If the deceased is a child younger than one year old, only indicate the year _ and month _ of birth

5. Place of residence of the deceased { *Berdyanskiy* district, *Molochanskiy* region, *Prangenau* village
{ or _ town, _ street, house #_

6. Place of death { *Berdyanskiy* district, *Molochanskiy* region, *Prangenau* village
{ or _ town, _ street, house #_
{ or, if died in a hospital, its name

7. Time of death: *April 11th* 1925 8. Marital status of the deceased: *widowed*

9. Nationality: *German* 10. Primary occupation: *smith* (for children younger than 10, occupation of the person who provides for them)

11. Status in the workforce (hired worker, in service, proprietor, or extra family member): *proprietor*

12. Cause of death: *paralysis* 13. Recorded as “stillborn” or “assumed dead” (see section III, #4 for instructions): _

Surname, name and paternal name of the declarant: **Richert, Jacob Abram.**

Address of the declarant: *Prangenau, same rn.*

Names and numbers of the documents: _

Special notes: _

Signature of the declarant: [signature]

Registry office superintendent: [signature]

Registrar: [signature]

Ukrainian SSR

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PEOPLE'S COMMISSARIAT
OF INTERNAL AFFAIRS

Registry office at *Prangenau* council (executive committee)
Molochanskiy region *Berdyanskiy* district

Book #1
for 1925

Death record #15 (common)

#5 by the count of men #_ by the count of women

1. Time of record: *May 11th*, 1925 2. Surname, first name, paternal name of the deceased: **Kornels, Franz Franz**

3. Sex: *m.* 4. Age (year, month and day of birth, or number of years): *1860, September 23rd*

4a. If the deceased is a child younger than one year old, only indicate the year _ and month _ of birth

5. Place of residence of the deceased { *Berdyanskiy* district, *Molochanskiy* region, *Friedensruh* village
{ or _ town, _ street, house #_

6. Place of death { *Berdyanskiy* district, *Molochanskiy* region, *Friedensruh* village
{ or _ town, _ street, house #_
{ or, if died in a hospital, its name

7. Time of death: *May 10th* 1925 8. Marital status of the deceased: *married*

9. Nationality: *German* 10. Primary occupation: *farming* (for children younger than 10, occupation of the person who provides for them)

11. Status in the workforce (hired worker, in service, proprietor, or extra family member): *proprietor*

12. Cause of death: *kidney inflammation* 13. Recorded as "stillborn" or "assumed dead" (see section III, #4 for instructions): _

Surname, name and paternal name of the declarant: **Harder Jac. Jac.**

Address of the declarant: *Bridenaru, Prangenau rn.*

Names and numbers of the documents: _

Special notes: _

Signature of the declarant: [signature]

Registry office superintendent: [signature]

Registrar: [signature]

Ukranian SSR

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PEOPLE'S COMMISSARIAT
OF INTERNAL AFFAIRS

Registry office at *Prangenau* council (executive committee)
Molochanskiy region *Melitopolskiy* district

Book #1

Death record #3 (com.)
#3 (m.) #_ (w.)

1. Record made *February 3rd* 1928
2. Is this a record on a stillborn? (what is the # _ of the entry in the book of birth records?) or person assumed dead according to a court ruling? _
3. Surname and name of the deceased: **Dyck, Heinrich**
4. Sex: *m.* 5. Full years since birth: _ years

5a. For children, who died before turning one year old:
Indicate exactly a) year, day and month of birth: *1927 March 10th*
b) which child it was for the mother: first, second, other: _
c) father's age "41" years, and mother's age "35" years

6. Time of death: 1928, *February 3rd* 7. Permanent residence address:
Melitopolsk district, *Molochanskiy* region, *Prapiv*. village (or khutor)
or _ town, _ street, house #_
8. If died away from the place of permanent residence, then where exactly (name of hospital, shelter or other): _
9. Nationality: *German* 10. Provided for himself/herself: *no*, if not, who exactly was the provider?
father 11. What was the source of income for the deceased or the provider (indicate if it was a kind of farming, if not, exactly what work, or craft, or occupation, on what position, did he receive money from relatives or state)? *farming*
12. Where did that person work or serve (name of company or institution), if in one's own household?
his own household
13. Position in the workforce: proprietor, or independent, member of a craftsman association, government servant, worker, helping in the family household (underline).
14. Marital status of the deceased: single, married, widow(er), separated? *child*

14a. For those that were married: a) last marriage is the (number): _ b) when last married: _ c) how old is the widowed partner: _ d) how many children were born from this marriage: _ e) how many of them are still alive: _ boys, _ girls, and besides that _ that came of age.

15. Cause of death: ?
Medical record of death #_

Surname and name of the declarant: **Dyck, Heinrich Abr.**
Address of the declarant: *Prapiv village, Molochanskiy region*
Names and numbers of the documents: _
Special notes: _
Signature of the declarant: [signature]

Registry office superintendent: [signature]
Registrar: [signature]

Ukranian SSR

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PEOPLE'S COMMISSARIAT
OF INTERNAL AFFAIRS

Registry office at *Prangenau* council (executive committee)
Molochanskiy region *Melitopolskiy* district

Book #1

Death record #5 (com.)
#4 (m.) #_ (w.)

1. Record made *February 25th* 1928
2. Is this a record on a stillborn? (what is the #21 of the entry in the book of birth records?) or person assumed dead according to a court ruling? _
3. Surname and name of the deceased: **Boldt, Gerhard**
4. Sex: *m.* 5. Full years since birth: _ years

5a. For children, who died before turning one year old:

Indicate exactly a) year, day and month of birth: 1928 *February 25th*

b) which child it was for the mother: first, second, other: _

c) father's age "29" years, and mother's age "24" years

6. Time of death: 1928, *February 25th* 7. Permanent residence address:

Melitopolsk district, *Molochanskiy* region, *Friedensruh* village (or khutor) or _ town, _ street, house #_

8. If died away from the place of permanent residence, then where exactly (name of hospital, shelter or other): _

9. Nationality: *German* 10. Provided for himself/herself: *no*, if not, who exactly was the provider?

father 11. What was the source of income for the deceased or the provider (indicate if it was a kind of farming, if not, exactly what work, or craft, or occupation, on what position, did he receive money from relatives or state)? *farming*

12. Where did that person work or serve (name of company or institution), if in one's own household? *his own household*

13. Position in the workforce: proprietor, or independent, member of a craftsman association, government servant, worker, helping in the family household (underline).

14. Marital status of the deceased: single, married, widow(er), separated? *child*

14a. For those that were married: a) last marriage is the (number): _ b) when last married: _ c) how old is the widowed partner: _ d) how many children were born from this marriage: _ e) how many of them are still alive: _ boys, _ girls, and besides that _ that came of age.

15. Cause of death: *stillborn*

Medical record of death #_

Surname and name of the declarant: **Boldt, Peter**

Address of the declarant: *Friedensruh* village, *Molochanskiy* region

Names and numbers of the documents: _

Special notes: _

Signature of the declarant: [signature]

Registry office superintendent: [signature]

Registrar: [signature]

Ukrainian SSR

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PEOPLE'S COMMISSARIAT
OF INTERNAL AFFAIRS

Registry office at *Prangenau* council (executive committee)
Molochanskiy region *Melitopolskiy* district

Book #1

Death record #19 (com.)
#13 (m.) #_ (w.)

1. Record made *August 4th* 1928
2. Is this a record on a stillborn? (what is the # _ of the entry in the book of birth records?) or person assumed dead according to a court ruling? _
3. Surname and name of the deceased: **Klassen, Peter**
4. Sex: _ 5. Full years since birth: _ years

5a. For children, who died before turning one year old:
Indicate exactly a) year, day and month of birth: 1927 *September 25th*
b) which child it was for the mother: first, second, other: _
c) father's age "36" years, and mother's age "33" years

6. Time of death: 1928, *August 1st* 7. Permanent residence address:
Melitopolsk district, *Molochanskiy* region, *Friedensruh* village (or khutor)
or _ town, _ street, house #_
8. If died away from the place of permanent residence, then where exactly (name of hospital, shelter or other): _
9. Nationality: *German* 10. Provided for himself/herself: *no*, if not, who exactly was the provider?
father 11. What was the source of income for the deceased or the provider (indicate if it was a kind of farming, if not, exactly what work, or craft, or occupation, on what position, did he receive money from relatives or state)? *farming*
12. Where did that person work or serve (name of company or institution), if in one's own household?
his own household
13. Position in the workforce: proprietor, or independent, member of a craftsman association, government servant, worker, helping in the family household (underline).
14. Marital status of the deceased: single, married, widow(er), separated? *child*

14a. For those that were married: a) last marriage is the (number): _ b) when last married: _ c) how old is the widowed partner: _ d) how many children were born from this marriage: _ e) how many of them are still alive: _ boys, _ girls, and besides that _ that came of age.

15. Cause of death: *Cholera*
Medical record of death #_

Surname and name of the declarant: **Klassen, Jacob Abr.**
Address of the declarant: *Friedensruh* village, *Molochanskiy* region
Names and numbers of the documents:
Special notes:
Signature of the declarant: [signature]

Registry office superintendent: [signature]
Registrar: [signature]

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Website editing by Richard D. Thiessen

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