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.
Death record #3 (common)

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

1. Time of record: February 1\textsuperscript{st} 1926
2. Surname, first name, paternal name of the deceased: Penner, Helena Bertha
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 31\textsuperscript{st} 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: [colony] 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]
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]
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

__ Registry office at Rueckenau council (executive committee) Book #1
PEOPLE’S COMMISSARIAT Molochanskiy region Mennonite district for 1926
OF INTERNAL AFFAIRS

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]
Death record #13 (common)

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 2].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]
Death record #16 (common)

#1 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
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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Registry office at Rueckenau council (executive committee) Book
#1

PEOPLE’S COMMISSARIAT Molochanskiy region Mennonite district for 1927
OF INTERNAL AFFAIRS

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 “одинецъ” _ literally: “single,” as in “unmarried,” I can only guess what this word means in relation to employment.
Ukrainian SSR

Registry office at Rueckenau council (executive committee)  Book

#1

PEOPLE’S COMMISSARIAT
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:
   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. 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]
Ukrainian SSR

Registry office at Rueckenau council (executive committee) Book

_#_ #1

PEOPLE’S COMMISSARIAT Molochanskiy region Mennonite district for 1927

OF INTERNAL AFFAIRS

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
Registry office at Rueckenau council (executive committee) Book
#1
PEOPLE’S COMMISSARIAT Molochanskiy region Mennonite district for 1927
OF INTERNAL AFFAIRS

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: _ e) how many of them are still alive: 7 _ 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

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

#1

**PEOPLE’S COMMISSARIAT**      **MOLOCHANSKIY region Mennonite district**  **for 1927**

**Death record #8 (com.)**

# (m.) #5 (w.)

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1. Record made *March 21*st* 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
   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 _ that came of age.
15. Cause of death: *cancer*

Medical record of death #_

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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]
Ukranian SSR

Registry office at *Rueckenau* council (executive committee)  
Book #1

**PEOPLE’S COMMISSARIAT OF INTERNAL AFFAIRS**  
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.**
5. Full years since birth: 67 years

<table>
<thead>
<tr>
<th>5a. For children, who died before turning one year old:</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Indicate exactly a) year, day and month of birth: 192_</em></td>
</tr>
<tr>
<td><em>b) which child it was for the mother: first, second, other</em></td>
</tr>
<tr>
<td><em>c) father’s age “ _ ” years, and mother’s age “ _ ” years</em></td>
</tr>
</tbody>
</table>

*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]
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, Tieberweide 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: Rueckenauf 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

Registry office at Rueckena council (executive committee) Book

#_

PEOPLE’S COMMISSARIAT Molochanskiy region Mennonite district

OF INTERNAL AFFAIRS 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: 72 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

Registry office at Rueckena council (executive committee) Book

People’s Commissariat 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

Registry office at Rueckena council (executive committee)  Book

People’s Commissariat for Internal Affairs 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. Permanent residence address:
   Mennonite district, Molochanskiy region, Tegerweide 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: Tegerweide 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]
Ukrainian SSR

Registry office at Rueckenau council (executive committee) Book

PEOPLE’S COMMISSARIAT 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

__

Registry office at *Rueckenau* council (executive committee)

Book

#2

**PEOPLE’S COMMISSARIAT**

*Molochanskiy* region **Mennonite** district

**OF INTERNAL AFFAIRS**

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, Reyolt**
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
   *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

Registry office at Rueckenau council (executive committee)

People’s Commissariat of Internal Affairs

Molochanskiy region Mennonite district for 1927

Death record #25 (com.)
# (m.) #15 (w.)

1. Record made September 23rd, 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. 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]
Ukrainian SSR
Registry office at Rueckena council (executive committee) Book
PEOPLE’S COMMISSARIAT Molochanskiy region Mennonite district for 1927
OF INTERNAL AFFAIRS

Death record #26 (com.)
#11 (m.) # (w.)

1. Record made October 3rd 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, Tiederweide 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: Tiederweide 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

Registry office at Rueckenau council (executive committee) Book

#2

PEOPLE’S COMMISSARIAT Molochanskiy region Mennonite district for 1927

OF INTERNAL AFFAIRS

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]
Ukrainian SSR

Registry office at Rueckenau council (executive committee) Book #2

PEOPLE’S COMMISSARIAT Molochanskiy region Mennonite district for 1927

Death record #38 (com.)

P EOPLE’ S COMMISSARIAT

Mennonite district

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]
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]
Ukrainian SSR

Registry office at Rueckenau council (executive committee)

Book #1

PEOPLE’S COMMISSARIAT

Molochanskiy region Melitopolskiy district

OF INTERNAL AFFAIRS

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]
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. Permanent residence address: Melitopolsk district, Molochanskiy region, Rueckenau village (or khutor) or _ town, _ street, house #_
7. Permanent residence address:
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]
Ukrainian SSR

Registry office at Ruekenau council (executive committee) Book

#1

People’s Commissariat 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]
Ukrainian SSR

<table>
<thead>
<tr>
<th>Registry office at Rueckenau council (executive committee)</th>
<th>Book #1</th>
</tr>
</thead>
<tbody>
<tr>
<td>PEOPLE’S COMMISSARIAT</td>
<td>Molochanskiy region Melitopolskiy district</td>
</tr>
<tr>
<td>OF INTERNAL AFFAIRS</td>
<td></td>
</tr>
</tbody>
</table>

**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

<table>
<thead>
<tr>
<th>5a. For children, who died before turning one year old:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indicate exactly a) year, day and month of birth: 1928 April 21st</td>
</tr>
<tr>
<td>b) which child it was for the mother: first, second, other:</td>
</tr>
<tr>
<td>c) father’s age “27” years, and mother’s age “24” years</td>
</tr>
</tbody>
</table>

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

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

or _ town, _ street, house #_

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

*Muptausk clinic*

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

9. *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

Registry office at Rueckena council (executive committee)

Book #1

PEOPLE’S COMMISSARIAT

Molochanskiy region Melitopolskiy district

OF INTERNAL AFFAIRS

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. 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, _ 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

Registry office at Rueckenau council (executive committee)

Book #1

PEOPLE’S COMMISSARIAT Molochanskiy region Melitopolskiy district

OF INTERNAL AFFAIRS

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 craftsmen 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 Kornelius
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]
Ukrainian SSR
Registry office at Rueckenaun council (executive committee) 
Book #1
PEOPLE’S COMMISSARIAT Molochanskiy region Melitopolskiy district for 1928
OF INTERNAL AFFAIRS

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
Registro office at Rueckena council (executive committee) Book

#1
PEOPLE’S COMMISSARIAT Molochanskiy region Melitopolskiy district
OF INTERNAL AFFAIRS

Death record #20 (com.)
#_ (m.) #10 (w.)

1. Record made October 229th 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. Permanent residence address: Melitopols 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]
Registar: [signature]

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

Registry office at Rueckenau council (executive committee) Book #1

PEOPLE’S COMMISSARIAT Molochanskiy region Melitopolskiy district
OF INTERNAL AFFAIRS

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

__

Registry office at Rueckenauc council (executive committee)

Book #1

PEOPLE’S COMMISSARIAT

Molochanskiy region Melitopolskiy district

OF INTERNAL AFFAIRS

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

Registroffice at Rueckena council (executive committee) Book

People’s Commissariat 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: Leppky, 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. Permanent residence address: Melitopolsk district, Molochanskiy region, Alexanderwohl village (or khutor) or _ town, _ street, house #_
7. If died away from the place of permanent residence, then where exactly (name of hospital, shelter or other): Aleks-vol
8. 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
9. Where did that person work or serve (name of company or institution), if in one’s own household? his own household
10. Position in the workforce: proprietor, or independent, member of a craftsman association, government servant, worker, helping in the family household (underline).
11. Marital status of the deceased: single, married, widow(er), separated? widow
12. 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.
13. 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]
Ukranian SSR

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.?
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]
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]
Death record #7 (common)

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

1. Time of record: April 2\textsuperscript{nd}, 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 2\textsuperscript{nd} 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]
Death record #8 (common)

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
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 rm.
Names and numbers of the documents: _
Special notes: _
Signature of the declarant: [signature] Registry office superintendent: [signature]
Registrar: [signature]
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
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]
Ukranian SSR

Registry office at Prangenau council (executive committee) Book #1

PEOPLE’S COMMISSARIAT Molochanskiy region Berdyanskiy district 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

PEOPLE’S COMMISSARIAT OF INTERNAL AFFAIRS

Registry office at Prangenau council (executive committee) Book #1

Ukrainian region Melitopolskiy district

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: _

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:
Melitopolskiy 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]
Ukrainian SSR
PEOPLE’S COMMISSARIAT OF INTERNAL AFFAIRS

Registry office at Prangenau council (executive committee) Book #1
Molochanskiy region Melitopolskiy district

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

PEOPLE’S COMMISSARIAT OF INTERNAL AFFAIRS

Registry office at Prangenau council (executive committee)  Book #1
Molochanskiy region Melitopolskiy district

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]