

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

**Glenn H. Penner**  
[gpenner@uoguelph.ca](mailto:gpenner@uoguelph.ca)

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

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

Ukranian SSR

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#1

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

PEOPLE'S COMMISSARIAT  
OF INTERNAL AFFAIRS

*Molochanskiy* region *Mennonite* district

for 1926

**Death record #3** (common)

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

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

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

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

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

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

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

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

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

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

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

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

Names and numbers of the documents: \_

Special notes: \_

Signature of the declarant: [signature]

Registry office superintendent: [signature]

Registrar: [signature]

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

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#1

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

PEOPLE'S COMMISSARIAT  
OF INTERNAL AFFAIRS

*Molochanskiy* region *Mennonite* district

for 1926

**Death record #4** (common)

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

1. Time of record: *February 6<sup>th</sup>*, 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 24<sup>th</sup>*
- 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 4<sup>th</sup>* 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]

Ukranian SSR

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#1

Registry office at *Rueckenau* council (executive committee)

Book

PEOPLE'S COMMISSARIAT  
OF INTERNAL AFFAIRS

*Molochanskiy* region *Mennonite* district

for 1926

**Death record #5** (common)

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

1. Time of record: *March 1<sup>st</sup> 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 28<sup>th</sup> 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: *convultions* 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]

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#1

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

PEOPLE'S COMMISSARIAT  
OF INTERNAL AFFAIRS

*Molochanskiy* region *Mennonite* district

for 1926

**Death record #6** (common)

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

1. Time of record: *March 2<sup>nd</sup> 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 1<sup>st</sup> 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]

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#1

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

PEOPLE'S COMMISSARIAT  
OF INTERNAL AFFAIRS

*Molochanskiy* region *Mennonite* district

for 1926

**Death record #13** (common)

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

1. Time of record: *July 28<sup>th</sup> 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 27<sup>th</sup> 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]

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#1

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

PEOPLE'S COMMISSARIAT  
OF INTERNAL AFFAIRS

*Molochanskiy* region *Mennonite* district

for 1926

**Death record #16** (common)

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

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

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

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

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

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

7. Time of death: *September 22<sup>nd</sup>* 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]

Ukranian SSR

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#1

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

PEOPLE'S COMMISSARIAT  
OF INTERNAL AFFAIRS

*Molochanskiy* region *Mennonite* district

for 1927

**Death record #1** (com.)

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

1. Record made *January 20<sup>th</sup>* 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 19<sup>th</sup>* 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<sup>1</sup>, 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 #\_

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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]

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



Ukranian SSR

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#1

Registry office at *Rueckenau* council (executive committee)

Book

PEOPLE'S COMMISSARIAT  
OF INTERNAL AFFAIRS

*Molochanskiy* region *Mennonite* district

for 1927

**Death record #3 (com.)**

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

1. Record made *January 31<sup>st</sup>* 1927

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

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

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

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

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

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

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

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

*Mennonite* district, *Molochanskiy* region, *Tiegerweide* village

or \_ town, \_ street, house #\_

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

9. Nationality: *German* 10. Provided for himself/herself: *yes*, if not, who exactly was the provider? \_ 11.

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

*farming*

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

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

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

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

15. Cause of death: *heart failure*

Medical record of death #\_

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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

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#1

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

PEOPLE'S COMMISSARIAT  
OF INTERNAL AFFAIRS

*Molochanskiy* region *Mennonite* district

for 1927

**Death record #6** (com.)

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

1. Record made *March 5<sup>th</sup>* 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 2<sup>nd</sup>* 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 #\_

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

Address of the declarant: *Rueckenau*

Names and numbers of the documents: \_

Special notes: \_

Signature of the declarant: [signature]

Registry office superintendent: [signature]

Registrar: [signature]

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

Ukranian SSR

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#1

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

PEOPLE'S COMMISSARIAT  
OF INTERNAL AFFAIRS

*Molochanskiy* region *Mennonite* district

for 1927

**Death record #6 7 (com.)**

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

1. Record made *March 17<sup>th</sup>* 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 16<sup>th</sup>* 7. Permanent residence address:

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

or \_ town, \_ street, house #\_

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

9. Nationality: *German* 10. Provided for himself/herself: *yes*, if not, who exactly was the provider? \_ 11.

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

*farming*

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

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

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

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

15. Cause of death: *pneumonia*

Medical record of death #\_

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

Address of the declarant: *Rueckenau col.*

Names and numbers of the documents: \_

Special notes: \_

Signature of the declarant: [signature]

Registry office superintendent: [signature]

Registrar: [signature]

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

Ukranian SSR

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#1

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

PEOPLE'S COMMISSARIAT  
OF INTERNAL AFFAIRS

*Molochanskiy* region *Mennonite* district

for 1927

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

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

1. Record made *March 21<sup>st</sup>* 1927

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

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

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

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

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

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

c) father's age “\_” years, and mother's age “\_” years

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

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

or \_ town, \_ street, house #\_

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

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

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

*farming*

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

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

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

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

15. Cause of death: *cancer*

Medical record of death #\_

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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]

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#1

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

PEOPLE'S COMMISSARIAT  
OF INTERNAL AFFAIRS

*Molochanskiy* region *Mennonite* district

for 1927

**Death record #17 (com.)**

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

1. Record made *July 29<sup>th</sup> 1927*

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

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

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

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

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

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

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

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

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

or \_ town, \_ street, house #\_

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

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

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

*farming*

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

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

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

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

15. Cause of death: *pneumonia*

Medical record of death #\_

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

Address of the declarant: *Rueckenau col.*

Names and numbers of the documents: \_

Special notes: \_

Signature of the declarant: [signature]

Registry office superintendent: [signature]

Registrar: [signature]

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

Ukranian SSR

—  
#1

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

PEOPLE'S COMMISSARIAT  
OF INTERNAL AFFAIRS

*Molochanskiy* region *Mennonite* district

for 1927

**Death record #19** (com.)

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

1. Record made *August 4<sup>th</sup>* 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 2<sup>nd</sup>* 7. Permanent residence address:

*Mennonite* district, *Molochanskiy* region, *Tiegerweide* village

or \_ town, \_ street, house #\_

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

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

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

*farming*

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

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

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

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

15. Cause of death: *pneumonia*

Medical record of death #\_

---

Surname and name of the declarant: *Aganeta Voth*

Address of the declarant: *Rueckenau col.*

Names and numbers of the documents: \_

Special notes: \_

Signature of the declarant: [signature]

Registry office superintendent: [signature]

Registrar: [signature]

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

Ukranian SSR

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#\_

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

PEOPLE'S COMMISSARIAT  
OF INTERNAL AFFAIRS

*Molochanskiy* region *Mennonite* district

for 1927

**Death record #20** (com.)

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

1. Record made *August 29<sup>th</sup>* 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: ~~1927-29<sup>th</sup>~~ *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 27<sup>th</sup>* 7. Permanent residence address:

*Mennonite* district, *Molochanskiy* region, *Tiegerweide* village

or \_ town, \_ street, house #\_

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

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

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

*farming*

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

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

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

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

15. Cause of death: *heart failure*

Medical record of death #\_

---

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

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

Names and numbers of the documents: \_

Special notes: \_

Signature of the declarant: [signature]

Registry office superintendent: [signature]

Registrar: [signature]

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

Ukranian SSR

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#2

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

PEOPLE'S COMMISSARIAT  
OF INTERNAL AFFAIRS

*Molochanskiy* region *Mennonite* district

for 1927

**Death record #21** (com.)

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

1. Record made *August 29<sup>th</sup>* 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 13<sup>th</sup>*

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 28<sup>th</sup>* 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: *ricketts*

Medical record of death #\_

---

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

Address of the declarant: *Tiegerweide col.*

Names and numbers of the documents: \_

Special notes: \_

Signature of the declarant: [signature]

Registry office superintendent: [signature]

Registrar: [signature]

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



Ukranian SSR

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#2

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

PEOPLE'S COMMISSARIAT  
OF INTERNAL AFFAIRS

*Molochanskiy* region *Mennonite* district

for 1927

**Death record #22 (com.)**

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

1. Record made *September 8<sup>th</sup> 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 7<sup>th</sup>* 7. Permanent residence address:

*Mennonite* district, *Molochanskiy* region, *Tiegerweide* village

or \_ town, \_ street, house #\_

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

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

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

*farming*

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

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

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

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

15. Cause of death: *scarlet fever*

Medical record of death #\_

---

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

Address of the declarant: *Tiegerweide* village

Names and numbers of the documents: \_

Special notes: \_

Signature of the declarant: [signature]

Registry office superintendent: [signature]

Registrar: [signature]

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

Ukranian SSR

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#2

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

PEOPLE'S COMMISSARIAT  
OF INTERNAL AFFAIRS

*Molochanskiy* region *Mennonite* district

for 1927

Death record #23 (com.)

#\_ (m.) #14 (w.)

1. Record made *September 15<sup>th</sup>* 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 14<sup>th</sup>* 7. Permanent residence address:

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

or \_ town, \_ street, house #\_

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

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

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

*farming*

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

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

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

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

15. Cause of death: *old age*

Medical record of death #\_

---

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

Address of the declarant: *Rueckenau col.*

Names and numbers of the documents: \_

Special notes: \_

Signature of the declarant: [signature]

Registry office superintendent: [signature]

Registrar: [signature]

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

Ukranian SSR

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#2

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

PEOPLE'S COMMISSARIAT  
OF INTERNAL AFFAIRS

*Molochanskiy* region *Mennonite* district

for 1927

**Death record #24** (com.)

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

1. Record made *September 19<sup>th</sup>* 1927

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

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

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

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

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

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

c) father's age “\_” years, and mother's age “\_” years

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

*Mennonite* district, *Molochanskiy* region, *Tiegerweide* village

or \_ town, \_ street, house #\_

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

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

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

*farming*

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

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

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

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

15. Cause of death: *scarlet fever*

Medical record of death #\_

---

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

Address of the declarant: *Rueckenau col.*

Names and numbers of the documents: \_

Special notes: \_

Signature of the declarant: [signature]

Registry office superintendent: [signature]

Registrar: [signature]

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

Ukranian SSR

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#2

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

PEOPLE'S COMMISSARIAT  
OF INTERNAL AFFAIRS

*Molochanskiy* region *Mennonite* district

for 1927

**Death record #25 (com.)**

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

1. Record made *September 23<sup>d</sup> 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 21<sup>st</sup>* 7. Permanent residence address:

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

or \_ town, \_ street, house #\_

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

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

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

*being a farm hand*

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

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

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

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

15. Cause of death: *heart failure*

Medical record of death #\_

---

Surname and name of the declarant: \_

Address of the declarant: \_

Names and numbers of the documents: \_

Special notes: \_

Signature of the declarant: [signature]

Registry office superintendent: [signature]

Registrar: [signature]

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

Ukranian SSR

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#2

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

PEOPLE'S COMMISSARIAT  
OF INTERNAL AFFAIRS

*Molochanskiy* region *Mennonite* district

for 1927

**Death record #26 (com.)**

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

1. Record made *October 3<sup>d</sup> 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 2<sup>nd</sup>* 7. Permanent residence address:

*Mennonite* district, *Molochanskiy* region, *Tiegerweide* village

or \_ town, \_ street, house #\_

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

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

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

*got allowance from her husband*

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

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

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

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

15. Cause of death: *convulsions*

Medical record of death #\_

---

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

Address of the declarant: *Tiegerweide col.*

Names and numbers of the documents: \_

Special notes: \_

Signature of the declarant: [signature]

Registry office superintendent: [signature]

Registrar: [signature]

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

Ukrainian SSR

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#2

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

PEOPLE'S COMMISSARIAT  
OF INTERNAL AFFAIRS

*Molochanskiy* region *Mennonite* district

for 1927

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

1. Record made *November 28<sup>th</sup> 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 25<sup>th</sup>* 7. Permanent residence address:

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

or \_ town, \_ street, house #\_

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

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

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

*teacher*

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

*Rueckenau Workers' School*

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

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

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

15. Cause of death: *old age*

Medical record of death #\_

---

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

Address of the declarant: *Rueckenau*

Names and numbers of the documents: \_

Special notes: \_

Signature of the declarant: [signature]

Registry office superintendent: [signature]

Registrar: [signature]

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

Ukranian SSR

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#2

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

PEOPLE'S COMMISSARIAT  
OF INTERNAL AFFAIRS

*Molochanskiy* region *Mennonite* district

for 1927

**Death record #38 (com.)**

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

1. Record made *December 29<sup>th</sup> 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 25<sup>th</sup>* 7. Permanent residence address:

\_ district, \_ region, *Rueckenau* village

or \_ town, \_ street, house #\_

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

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

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

*farming*

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

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

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

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

15. Cause of death: *asthma*

Medical record of death #\_

---

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

Address of the declarant: *Rueckenau*

Names and numbers of the documents: \_

Special notes: \_

Signature of the declarant: [signature]

Registry office superintendent: [signature]

Registrar: [signature]

Ukranian SSR

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#1

Registry office at *Rueckenau* council (executive committee)

Book

PEOPLE'S COMMISSARIAT  
OF INTERNAL AFFAIRS

*Molochanskiy* region Melitopolskiy district

**Death record #1 (com.)**

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

1. Record made January 23<sup>rd</sup> 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 21<sup>st</sup>* 7. Permanent residence address:

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

or \_ town, \_ street, house #\_

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

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

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

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

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

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

15. Cause of death: *paralysis*

Medical record of death #\_

---

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

Address of the declarant: *Rueckenau*

Names and numbers of the documents: \_

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

Signature of the declarant: [signature]

Registry office superintendent: [signature]

Registrar: [signature]

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



Ukranian SSR

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#1

Registry office at *Rueckenau* council (executive committee)

Book

PEOPLE'S COMMISSARIAT  
OF INTERNAL AFFAIRS

*Molochanskiy* region Melitopolskiy district

**Death record #2 (com.)**

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

1. Record made *January 25<sup>th</sup> 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 24<sup>th</sup>* 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]

Ukrainian SSR

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#1

Registry office at *Rueckenau* council (executive committee)

Book

PEOPLE'S COMMISSARIAT  
OF INTERNAL AFFAIRS

*Molochanskiy* region Melitopolskiy district

**Death record #5 (com.)**

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

1. Record made *March 13<sup>th</sup>* 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 12<sup>th</sup>*

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 13<sup>th</sup>* 7. Permanent residence address:

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

or \_ town, \_ street, house #\_

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

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

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

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

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

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

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

15. Cause of death: *premature birth*

Medical record of death #\_

---

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

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

Names and numbers of the documents:

Special notes:

Signature of the declarant: [signature]

Registry office superintendent: [signature]

Registrar: [signature]

Ukrainian SSR

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#1

Registry office at *Rueckenau* council (executive committee)

Book

PEOPLE'S COMMISSARIAT  
OF INTERNAL AFFAIRS

*Molochanskiy* region *Melitopolskiy* district

**Death record #7 (com.)**

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

1. Record made *March 16<sup>th</sup> 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 13<sup>th</sup>*

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 15<sup>th</sup>* 7. Permanent residence address:

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

or \_ town, \_ street, house #\_

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

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

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

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

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

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

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

15. Cause of death: *premature birth*

Medical record of death #\_

---

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

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

Names and numbers of the documents: \_

Special notes: \_

Signature of the declarant: [signature]

Registry office superintendent: [signature]

Registrar: [signature]

Ukranian SSR

Registry office at *Rueckenau* council (executive committee)

Book

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#1

PEOPLE'S COMMISSARIAT  
OF INTERNAL AFFAIRS

*Molochanskiy* region Melitopolskiy district

**Death record #10** (com.)

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

1. Record made *April 28<sup>th</sup> 1928*

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

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

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

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

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

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

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

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

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

or \_ town, \_ street, house #\_

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

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

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

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

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

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

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

15. Cause of death: *pneumonia*

Medical record of death #\_

---

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

Address of the declarant: *Rueckenau*

Names and numbers of the documents: \_

Special notes: \_

Signature of the declarant: [signature]

Registry office superintendent: [signature]

Registrar: [signature]

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

Ukrainian SSR

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#1

Registry office at *Rueckenau* council (executive committee)

Book

PEOPLE'S COMMISSARIAT  
OF INTERNAL AFFAIRS

*Molochanskiy* region Melitopolskiy district

**Death record #14** (com.)

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

1. Record made *June 7<sup>th</sup> 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 5<sup>th</sup>* 7. Permanent residence address:

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

or \_ town, \_ street, house #\_

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

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

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

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

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

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

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

15. Cause of death: *hydrops*

Medical record of death #\_

---

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

Address of the declarant: *Tiegerfeld*

Names and numbers of the documents: \_

Special notes: \_

Signature of the declarant: [signature]

Registry office superintendent: [signature]

Registrar: [signature]

Ukranian SSR

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#1

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

PEOPLE'S COMMISSARIAT OF INTERNAL AFFAIRS *Molochanskiy* region Melitopolskiy district

**Death record #16** (com.)  
#\_ (m.) #7 (w.)

1. Record made *July 31<sup>st</sup> 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 16<sup>th</sup>*

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 30<sup>th</sup>* 7. Permanent residence address:

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

or \_ town, \_ street, house #\_

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

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

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

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

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

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

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

15. Cause of death: *convulsions*

Medical record of death #\_

---

Surname and name of the declarant: *Martens, Peter 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

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#1

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

PEOPLE'S COMMISSARIAT  
OF INTERNAL AFFAIRS

*Molochanskiy* region Melitopolskiy district

for 1928

**Death record #19** (com.)

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

1. Record made *September 12<sup>th</sup>* 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 9<sup>th</sup>* 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]

Ukrainian SSR

Registry office at *Rueckenau* council (executive committee)

Book

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#1

PEOPLE'S COMMISSARIAT  
OF INTERNAL AFFAIRS

*Molochanskiy* region Melitopolskiy district

**Death record #20** (com.)

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

1. Record made *October 27<sup>9<sup>th</sup></sup>* 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 25<sup>th</sup>* 7. Permanent residence address:

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

or \_ town, \_ street, house #\_

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

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

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

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

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

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

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

15. Cause of death: *heart failure*

Medical record of death #\_

---

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

Address of the declarant: *Fuerstenwerder col.*

Names and numbers of the documents: \_

Special notes: \_

Signature of the declarant: [signature]

Registry office superintendent: [signature]

Registrar: [signature]

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



Ukranian SSR

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#1

Registry office at *Rueckenau* council (executive committee)

Book

PEOPLE'S COMMISSARIAT  
OF INTERNAL AFFAIRS

*Molochanskiy* region Melitopolskiy district

**Death record #21** (com.)

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

1. Record made *November 8<sup>th</sup> 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 6<sup>th</sup> 7.* 7. Permanent residence address:

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

or \_ town, \_ street, house #\_

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

9. Nationality: *German* 10. Provided for himself/herself: *yes*, if not, who exactly was the provider? \_ 11.

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

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

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

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

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

15. Cause of death: *typhoid*

Medical record of death #\_

---

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

Address of the declarant: *Rueckenau*

Names and numbers of the documents: \_

Special notes: \_

Signature of the declarant: [signature]

Registry office superintendent: [signature]

Registrar: [signature]

Ukranian SSR

Registry office at *Rueckenau* council (executive committee)

Book

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#1

PEOPLE'S COMMISSARIAT  
OF INTERNAL AFFAIRS

*Molochanskiy* region Melitopolskiy district

**Death record #22 (com.)**

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

1. Record made *December 4<sup>th</sup> 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 2<sup>nd</sup>* 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]

Ukrainian SSR

Registry office at *Rueckenau* council (executive committee)

Book

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#1

PEOPLE'S COMMISSARIAT  
OF INTERNAL AFFAIRS

*Molochanskiy* region Melitopolskiy district

**Death record #1 (com.)**

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

1. Record made *January 29<sup>th</sup> 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 27<sup>th</sup>* 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]

Ukrainian SSR

Registry office at *Rueckenau* council (executive committee)

Book

—  
#1

PEOPLE'S COMMISSARIAT  
OF INTERNAL AFFAIRS

*Molochanskiy* region Melitopolskiy district

Death record #2 (com.)

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

1. Record made *January 29<sup>th</sup> 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 27<sup>th</sup>* 7. Permanent residence address:

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

or \_ town, \_ street, house #\_

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

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

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

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

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

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

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

15. Cause of death: *pneumonia*

Medical record of death #1

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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 3<sup>rd</sup>*, 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 1<sup>st</sup>* 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.***<sup>2</sup>  
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]

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

Ukrainian SSR

—  
PEOPLE'S COMMISSARIAT  
OF INTERNAL AFFAIRS

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

Book #1  
for 1925

**Death record #3** (common)

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

1. Time of record: *February 27<sup>th</sup>*, 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 27<sup>th</sup>* 1925 8. Marital status of the deceased: *single*

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

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

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

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

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

Names and numbers of the documents: \_

Special notes: \_

Signature of the declarant: [signature]

Registry office superintendent: [signature]

Registrar:

[signature]



Ukrainian SSR

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PEOPLE'S COMMISSARIAT  
OF INTERNAL AFFAIRS

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

Book #1  
for 1925

**Death record #8** (common)

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

1. Time of record: *April 9<sup>th</sup>*, 1925 2. Surname, first name, paternal name of the deceased: ***Janzen, Helena Kornelius***
  3. Sex: *f* 4. Age (year, month and day of birth, or number of years): *03.27.1925*
  - 4a. If the deceased is a child younger than one year old, only indicate the year *1925* and month *March* of birth
  5. Place of residence of the deceased { *Berdyanskiy* district, *Molochanskiy* region, *Prangenau* village  
{ or \_ town, \_ street, house #\_
  6. Place of death { *Berdyanskiy* district, *Molochanskiy* region, *Prangenau* village  
{ or \_ town, \_ street, house #\_  
{ or, if died in a hospital, its name
  7. Time of death: *April 8<sup>th</sup>* 1925 8. Marital status of the deceased: *single*
  9. Nationality: *German* 10. Primary occupation: *farming* (for children younger than 10, occupation of the person who provides for them)
  11. Status in the workforce (hired worker, in service, proprietor, or extra family member): *family member*
  12. Cause of death: *young age* 13. Recorded as “stillborn” or “assumed dead” (see section III, #4 for instructions): \_
- Surname, name and paternal name of the declarant: ***Janzen, Kornelius Jacob***  
Address of the declarant: *Prangenau village, same rn.*  
Names and numbers of the documents: \_  
Special notes: \_  
Signature of the declarant: [signature]      Registry office superintendent: [signature]  
Registrar:      [signature]



Ukranian SSR

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PEOPLE'S COMMISSARIAT  
OF INTERNAL AFFAIRS

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

Book #1  
for 1925

**Death record #9** (common)

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

1. Time of record: *April 12<sup>th</sup>*, 1925 2. Surname, first name, paternal name of the deceased: ***Harder, Abram Ifg.?***
  3. Sex: *m.* 4. Age (year, month and day of birth, or number of years): *1849, 02.22*
  - 4a. If the deceased is a child younger than one year old, only indicate the year \_ and month \_ of birth
  5. Place of residence of the deceased { *Berdyanskiy* district, *Molochanskiy* region, *Prangenau* village  
{ or \_ town, \_ street, house #\_
  6. Place of death { *Berdyanskiy* district, *Molochanskiy* region, *Prangenau* village  
{ or \_ town, \_ street, house #\_  
{ or, if died in a hospital, its name
  7. Time of death: *April 11<sup>th</sup>* 1925 8. Marital status of the deceased: *widowed*
  9. Nationality: *German* 10. Primary occupation: *smith* (for children younger than 10, occupation of the person who provides for them)
  11. Status in the workforce (hired worker, in service, proprietor, or extra family member): *proprietor*
  12. Cause of death: *paralysis* 13. Recorded as “stillborn” or “assumed dead” (see section III, #4 for instructions): \_
- Surname, name and paternal name of the declarant: ***Richert, Jacob Abram.***  
Address of the declarant: *Prangenau, same rn.*  
Names and numbers of the documents: \_  
Special notes: \_  
Signature of the declarant: [signature]      Registry office superintendent: [signature]  
Registrar: [signature]

Ukranian SSR

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PEOPLE'S COMMISSARIAT  
OF INTERNAL AFFAIRS

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

Book #1  
for 1925

**Death record #15** (common)

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

1. Time of record: *May 11<sup>th</sup>*, 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 23<sup>rd</sup>*
  - 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 10<sup>th</sup>* 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, Prangenu rn.*  
Names and numbers of the documents: \_  
Special notes: \_  
Signature of the declarant: [signature]      Registry office superintendent: [signature]  
Registrar: [signature]

Ukranian SSR

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PEOPLE'S COMMISSARIAT  
OF INTERNAL AFFAIRS

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

**Death record #3 (com.)**

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

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

5a. For children, who died before turning one year old:  
Indicate exactly a) year, day and month of birth: *1927 March 10<sup>th</sup>*  
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 3<sup>rd</sup>* 7. Permanent residence address:  
*Melitopolsk* district, *Molochanskiy* region, *Prapiv.* village (or khutor)  
or \_ town, \_ street, house #\_
8. If died away from the place of permanent residence, then where exactly (name of hospital, shelter or other): \_
9. Nationality: *German* 10. Provided for himself/herself: *no*, if not, who exactly was the provider?  
*father* 11. What was the source of income for the deceased or the provider (indicate if it was a kind of farming, if not, exactly what work, or craft, or occupation, on what position, did he receive money from relatives or state)? *farming*
12. Where did that person work or serve (name of company or institution), if in one's own household?  
*his own household*
13. Position in the workforce: proprietor, or independent, member of a craftsman association, government servant, worker, helping in the family household (underline).
14. Marital status of the deceased: single, married, widow(er), separated? *child*

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

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

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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

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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 25<sup>th</sup> 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 25<sup>th</sup>*  
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 25<sup>th</sup> 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]

Ukranian SSR

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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 4<sup>th</sup>* 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 25<sup>th</sup>*  
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 1<sup>st</sup>* 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 #\_

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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]

**Created 20 March 2019**  
**Website editing by Richard D. Thiessen**

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