

OCT 2

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

Do not use this space.

25261

## 1. PLACE OF DEATH

County St Charles Registration District No. 757  
Township St Charles Hospital Primary Registration District No. 3036  
City St Charles (No. ....) (Ward)

File No. ....  
Registered No. 128  
St. .... Ward

## 2. FULL NAME

Mrs. Mary Theresa Willman  
(a) Residence. No. Dallan 730 Ward. ....  
(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. — mos. — ds. How long in U.S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write the word*) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Geo. Willman deceased

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 14 - 1857

7. AGE YEARS MONTHS DAYS IF LESS than 1 day hrs. or min.  
75 3 6

## 8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House Keeper  
(b) General nature of industry, business, or establishment in which employed (or employer) —  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Josephville Mo.  
(STATE OR COUNTRY)

10. NAME OF FATHER J. A. Freymuth

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Beuss

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany  
(STATE OR COUNTRY)

14. Miss M. Freymuth  
INFORMANT Dallan Mo  
Evack

15. 8-23 19.27. Old Beckman  
REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 20 19 27

17. I HEREBY CERTIFY, That I attended deceased from Aug 20 11:30 A.M. to 1:30 P.M. that I last saw her alive on Aug 20, 1927, and that death occurred, on the date stated above 1:30 P.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Accidental fall into cellar  
1:30 P.M.  
1927 (duration) yrs. mos. ds.

CONTRIBUTORY Broken arm and leg  
(SECONDARY) Internal injury (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH

0 DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) L. C. Adams, M. D.

, 19 (Address) C. Dallan Mo.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Dallan Mo. DATE OF BURIAL 8/23 1927

20. UNDERTAKER E. R. Keithy ADDRESS Dallan Mo.

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECORD

