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

Do not use this space.

28094

1. PLACE OF DEATH

County: Randolph — Registration District No.: 735 — File No.:

Township: — Primary Registration District No.: 2034 — Registered No.: 169

City: Moberly (No. McDonnick Hospital St. Ward)

2. FULL NAME: Sophie Remnitz

(a) Residence. No. St., Ward. ~~Sugar Creek Township~~ (If nonresident give city or town and State)

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Married

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Dick Remnitz

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Aug 1st 1878

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
49	1	5	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Farm wife 13

(b) General nature of industry, business, or establishment in which employed (or employer): 13

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ill

PARENTS

10. NAME OF FATHER: Christian Stube

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

12. MAIDEN NAME OF MOTHER: Sophie Dahne

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

14. INFORMANT: Dick Remnitz

(Address) R.F.D. 2 Moberly Mo

15. FILED 9/15 1927 Thos. L. Fleming REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Sept 12th 1927

17. I HEREBY CERTIFY, That I attended deceased from Sept 8, 1927, to Sept 12 1927, that I last saw he alive on Sept 12 1927, and that death occurred, on the date stated above, at 8:10 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic nephritis with acute exacerbation

(duration) 4 yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Operation for Prolapsus uterus & bladder (duration) yrs. mos. 6 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) T. L. McCormick, M. D.

9-15th, 1927 (Address) Moberly 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: Middle Grove Mo — DATE OF BURIAL: 9-15th 1927

20. UNDERTAKER: Mahan and Sons — ADDRESS: Moberly Mo

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