25 1928

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

Do not use this space.

20335

1. PLACE OF DEATH

County Franklin — Registration District No. 297 — File No.

Township Washington — Primary Registration District No. 3016 — Registered No. 43

City Washington (No. ..... St. ..... Ward)

2. FULL NAME Katherine Menzenwerth

(a) Residence. No. 618 West 5th Street St., ... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 63 yrs. 0 mos. 0 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

63 0 0 2

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry Menzenwerth -- Deceased

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 10-30-1841

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	86	7	5	

10 30

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housework

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Fersmold Germany
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Wm Klingsick

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

12. MAIDEN NAME OF MOTHER Not Known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Not Known

14. INFORMANT Lydia Menzenwerth
(Address) 618 West 5th St Washington Mo

15. FILED June 8, 1928 O. L. Muench
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 5, 1928

17. I HEREBY CERTIFY, That I attended deceased from June 4, 1928, to June 5, 1928, that I last saw her alive on June 5th, 1928, and that death occurred, on the date stated above, at 10:15 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Hemorrhage
82A
162 [illegible]
(duration) 0 yrs. 0 mos. 2 ds.

CONTRIBUTORY (SECONDARY) Senility
(duration) ? yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? .....

0 DID AN OPERATION PRECEDE DEATH? No DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) [illegible], M. D

6/8/, 1928 (Address) Washington, 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 Lutheran Cemetery 6/9th-1928 — DATE OF BURIAL 6/9 1928

20. UNDERTAKER Otto & Co By G H Otto — ADDRESS Washington 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.