

1928

THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

30078

1. PLACE OF DEATH

County Crawford
Township Centerville
City (No.)

Registration District No. 232
Primary Registration District No. 2576

File No.
Registered No.
St. Ward)

2. FULL NAME

Elizabeth Viemann

(a) Residence. No. St., Ward.
(Usual place of abode)

(If nonresident give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

F

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

Oct 29-1842

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1
day, hrs.
or min.

85

10

13

8. OCCUPATION OF DECEASED

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

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Hessen

(STATE OR COUNTRY)

Germany

10. NAME OF FATHER

Henry Kolb

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Hessen

(STATE OR COUNTRY)

Germany

12. MAIDEN NAME OF MOTHER

K

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Germany

(STATE OR COUNTRY)

14.

INFORMANT

(Address)

Peter Kolb
Shelville Mo

15.

FILED

Oct 15-28

J. E. Sanders

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

9/4-1928

17.

I HEREBY CERTIFY That I attended deceased from Jan 1928 to Sept 4 1928 and that I last saw her alive on Sept 2 1928, and that death occurred, on the date stated above, at 6 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic valvular disease of heart

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) POA yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH?

DATE OF

WHAT TEST CONFIRMED DIAGNOSIS

(Signed)

R. C. ..., M. D.

, 19

(Address)

Shelville 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

DATE OF BURIAL

Schwider Cemetery 9/5-1928

20. UNDERTAKER

ADDRESS

J. Jones Shelville Mo

