

DEC 31 1928

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

Do not use this space.

35958

1. PLACE OF DEATH

County Audrain
Township Ann
City (No.)

Registration District No. 27
Primary Registration District No. 5731

File No. 11
Registered No. 11
St. Ward)

2. FULL NAME

Mary Ruth Deimeke

(a) Residence. No. St. Ward.
(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. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 20 1927

| 7. AGE | YEARS | MONTHS | DAYS | IF LESS than 1 day, hrs. or min. |
|--------|----------|----------|-----------|--|
| | <u>1</u> | <u>7</u> | <u>18</u> | <u>=</u> |

8. OCCUPATION OF DECEASED

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

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Audrain Co, Mo.

10. NAME OF FATHER

A. J. Deimeke

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Audrain Co, Mo.

12. MAIDEN NAME OF MOTHER

Stuckenschneider

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Audrain Co, Mo.

14.

INFORMANT A. J. Deimeke
(Address) Martinsburg, Mo.

15.

FILED Dec 26, 1928 A. E. Smith
REGISTRAR

3

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 7 1928

17. I HEREBY CERTIFY That I attended deceased from Nov 5 1928 to Nov 7 1928 that I last saw h. De. alive on Nov 5 1928 and that death occurred, on the date stated above, at 12:30 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Convulsions (Teething)
67
.86 (duration) yrs. mos. ds.

CONTRIBUTORY Enlarged Thyroid.
(SECONDARY) (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) Frank Kelley, M. D.
11/8 1928 (Address) Mexico, 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
Martinsburg Mo Nov 8 1928

20. UNDERTAKER ADDRESS
H. G. Slinger, Ladsonia

WRITE PLAINLY, WITH UNFADING INK--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.

