

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.

36568

1. PLACE OF DEATH

County Franklin
Township St. Johns
City Washington (No. 1)

Registration District No. 297
Primary Registration District No. 3414

File No. 90
Registered No. 90
St. 1 Ward

2. FULL NAME

(a) Residence. No. R.F. D # 3 St. 1 Ward 1
(Usual place of abode)
Length of residence in city or town where death occurred 36 yrs. 1 mos. 1 da. How long in U.S., if of foreign birth? yrs. 1 mos. 1 da.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 12-1872

7. AGE YEARS 56 MONTHS 3 DAYS 1 If LESS than 1 day, 1 hrs. 1 min.

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Port Hudson (STATE OR COUNTRY) Mo.

10. NAME OF FATHER Kenzel Potipka

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

12. MAIDEN NAME OF MOTHER Catherine Partick

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

14. INFORMANT Al Hefer (Address) Washington R.R. # 3

15. May 15, 1928 O.L. Munch REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11-13-28

17. I HEREBY CERTIFY That I attended deceased from Nov. 12, 1928, to Nov. 13, 1928, that I last saw her alive on Nov. 12, 1928, and that death occurred, on the date stated above, at 11:05 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Hemorrhage
1746-1 (duration) 0 yrs. 0 mos. 1 da.

CONTRIBUTORY (SECONDARY) unknown (duration) 0 yrs. 0 mos. 0 da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH. no

DID AN OPERATION PRECEDE DEATH? no DATE OF no

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) B.E. Munch M. D.

*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 Catholic Ceme

DATE OF BURIAL 11-16-28

20. UNDERTAKER Freiburg & Vith, Washington, Mo.

ADDRESS no

