

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

Do not use this space.

10508

1. PLACE OF DEATH

County Jackson Registration District No. 398
 Township Blue Primary Registration District No. 3019
 City Independence Mo (No. 146 E. Kansas)
 Registered No. 83 St. _____ Ward _____

2. FULL NAME Mrs. Louisa Fohlmeyer

(a) Residence No. 146 E. Kansas St. 3 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 13 1849

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
86 4 20

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work None
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

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

10. NAME OF FATHER _____

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

12. MAIDEN NAME OF MOTHER Don't know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Don't know
 (STATE OR COUNTRY) _____

14. INFORMANT Mrs. Louisa Fohlmeyer
 (Address) Res. No. 146 E. Kansas

15. FILED 3-4-29 F. L. Cook
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 2 1929

17. I HEREBY CERTIFY That I attended deceased from Jan 3 1929, to March 2 1929
 that I last saw her alive on March 2 1929, and that death occurred, on the date stated above, at 3:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Relax Pneumonia

19. (duration) yrs. mos. da. 5

CONTRIBUTORY (SECONDARY) 10/10
 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH _____

20. DID AN OPERATION PRECEDE DEATH? no DATE OF _____
 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Cultural
 (Signed) C. J. Allen, M. D.
 (Address) Independence 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 Wood Lawn DATE OF BURIAL Mar 4 1929

20. UNDERTAKER Ott & Mitchell ADDRESS Res. No. 146 E. Kansas

