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

Do not use this space.

11608

R 26 1929

1. PLACE OF DEATH

County Montgomery — Registration District No. 594 — File No.

Township ~~Lonetree~~ — Primary Registration District No. 4352 — Registered No. 4

City Rhineland (No. ..... St. ..... Ward)

2. FULL NAME Mrs Catherine Walkenbach,

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

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 — Walkenbach

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 29th 1847

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
81	4	3	

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) DO

(c) Name of employer

262

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

10

PARENTS

10. NAME OF FATHER John Siebert.

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

10

12. MAIDEN NAME OF MOTHER Barba Philips.

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

10

14. INFORMANT A. Walkenbach
(Address) McKittrick Mo

15. FILED 3-4, 1929 O R Rauschelbach 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 23, 1929, to Mar 2, 1929 that I last saw her alive on Feb 25, 1929, and that death occurred, on the date stated above, at 5 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Senile Gangrene of left foot and limb

(duration) ..... yrs. 1 mos. ..... ds.

CONTRIBUTORY (SECONDARY) Diabetis Melitis Unknown

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) O R Rauschelbach, M. D.

3-4, 1929 (Address) Rhineland 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
Starkenberg, Cemtry	3/4-29 19
20. UNDERTAKER	ADDRESS
Barton Baker,	Americus Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.