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

Do not use

17071

JAN 28 1929

1. PLACE OF DEATH

County Warren — Registration District No. 884 — File No.

Township Charette — Primary Registration District No. 6176 — Registered No. 12

City Martharville (No. ..... St. ..... Ward)

2. FULL NAME Louise Christina Schlomann

(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: 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: Ernst Schlomann

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Nov 10th 1856

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
72	4	22	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Farm Wife

(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): Mo.

PARENTS

10. NAME OF FATHER: Fred Koch

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

12. MAIDEN NAME OF MOTHER: Mary Mueller

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

14. INFORMANT: Ernst Schlomann
(Address) Martharville Mo

15. FILED April 4 1929 G C Johnson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from Nov ....., 1925, to Apr 2, 1929 that I last saw her alive on April 2 1929, and that death occurred, on the date stated above, at 6 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis

935

(duration) 4 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 906

(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) Herbert H Schmidt, M.D

, 19 (Address) Martharville 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: Holstein Mo.

DATE OF BURIAL: April 4th 1929

20. UNDERTAKER: H C Brueggemann

ADDRESS: Holstein Mo.

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.

10 10 1 233