N 26 192

92
10
3

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

Do not use this space.

34835

1. PLACE OF DEATH
County St Charles
Township Cuivre
City Wentzville (No. ..... St. ..... Ward)

Registration District No. 7-8
Primary Registration District No. 5999

File No. .....
Registered No. 112

2. FULL NAME John Henry Wilmer

(a) Residence. No. 11 [illegible] [illegible] St., ... Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 18 1880

7. AGE: Years 49 | Months 2 | Days 20 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Laborer
(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) St Charles Co. Mo.

PARENTS

10. NAME OF FATHER Bernard Wilmer
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Adalaide Bakebrade
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany

14. INFORMANT Adalia Wilmer
(Address) Wentzville Mo.

15. FILED 10/9 19 29 J. M. Jenkins M.D.
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10/9/29 19

17. I HEREBY CERTIFY, That I attended deceased from 1917, 19..., to 10/9/29, 19..., that I last saw him alive on 10/5/29, 19..., and that death occurred, on the date stated above, at 5:00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Arteriosclerosis

80 hrs (duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (SECONDARY) .....
(duration) ... yrs. ... mos. ... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) ....., M. D.
19, (Address)

*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 St Charles Mo. | DATE OF BURIAL Oct 10 19 29

20. UNDERTAKER M. E. Ball | ADDRESS Wentzville 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.