

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

Do not use this space.

37501

1. PLACE OF DEATH

County Jasper Registration District No. 408
Township _____ Primary Registration District No. 3000
City Carthage (No. _____) St. _____ Ward _____

2. FULL NAME Virginia Rose Ulmer

(a) Residence No. 313 E. Chestnut St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 13 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

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

Female White Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Robert Ulmer

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May-27-1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
67 5 10

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Greenville
(STATE OR COUNTRY) Ill

10. NAME OF FATHER Roland Newmy

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

12. MAIDEN NAME OF MOTHER Elmira Shelton

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

14. INFORMANT Ed Ulmer
(Address) Carthage Mo

15. FILED 1/8 1929 E. W. Debeau REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 6 1929

17. I HEREBY CERTIFY, That I attended deceased from Nov 4, 1929, to Nov 6, 1929 that I last saw her alive on Nov 5, 1929, and that death occurred, on the date stated above, at 5:30 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Uræmia
Chronic (P) Nephritis
Subcutaneous of lungs
(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) Rand Stone M. D.
. 19 (Address) Carthage 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 Greenville, Ill DATE OF BURIAL 11-8 1929

20. UNDERTAKER Ulmer-Drake ADDRESS Carthage

