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

Do not use this space.

39938

File No. .....

Registered No. 260

1. PLACE OF DEATH

County Cape Girardeau Registration District No. 125

Township " " Primary Registration District No. 3009

City " " (No. ..... St. ..... Ward)

2. FULL NAME Wilhelmina Johns [redacted]

(a) Residence. No. 620 So. Benton 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	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 ✓

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 9 - 1847

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
82	0	1	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housework

(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) Germany Ger

PARENTS

10. NAME OF FATHER Conrad Daume

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

12. MAIDEN NAME OF MOTHER Charlotte Strube

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

14. INFORMANT Charles Daume
(Address) Tilsit Mo.

15. FILED 12/12 1929 W. Kaempfer REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 10 1929

17. I HEREBY CERTIFY, That I attended deceased from Dec 7 Dec 7, 1929, to Dec 10, 1929 that I last saw her alive on Dec 11, 1929 and that death occurred, on the date stated above, at 9.30 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Influenza and Senility

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

CONTRIBUTORY (SECONDARY) Acute Influenza

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

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH At her Home

DID AN OPERATION PRECEDE DEATH? No DATE OF ..

WAS THERE AN AUTOPSY? ?

WHAT TEST CONFIRMED DIAGNOSIS? General Symptoms

(Signed) W. N. Howard, M. D.

, 19 (Address) Cape Girardeau 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
Lourmier Cem.	Dec 12 1929
20. UNDERTAKER	ADDRESS
Walther Und. Co	Cape Gir. 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.