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

Do not use this space.

409

File No. 295

Registered No.

1. PLACE OF DEATH
County: Cape Girardeau, Registration District No. 125
Township: Mo Primary Registration District No. 2009
City: (No. St. Ward)

2. FULL NAME: Mary Hellwege
(a) Residence. No. West Walnut 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): Sched.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Aug 1st 1916

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ...hrs. or ....min.
	13	5	13	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: School. Sched
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): Cape Girardeau
(STATE OR COUNTRY): Mo.

PARENTS
10. NAME OF FATHER: Martin Hellwege
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Altenburg
(STATE OR COUNTRY): Mo.
12. MAIDEN NAME OF MOTHER: Nana Schumers
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Perryville
(STATE OR COUNTRY): Mo.

14. INFORMANT: Mr. Martin Hellwege
(Address): Cape Girardeau Mo.

15. FILED 1/15 30 W. C. Kempfer REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan 14 1930

17. I HEREBY CERTIFY, That I attended deceased from Dec 5 1929, to Jan 14 1930, that I last saw her alive on Jan 13 1930, and that death occurred, on the date stated above, at 5:5 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Typhoid Fever
(duration) 1 yrs. 1 mos. 10 ds.

CONTRIBUTORY (SECONDARY)
(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?
(Signed) W. A. Schwen M. D.
1-15 1930 (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: Fairmount Cem. Cape Girardeau Mo
DATE OF BURIAL: 1-15 1930

20. UNDERTAKER: A. Bmeikoff
ADDRESS: Cape Girardeau 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.