

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

Do not use this space.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

18 1930  
37

**1. PLACE OF DEATH**

County Lascomades  
Township Richland  
City (No. ....) .....

Registration District No. 30X  
Primary Registration District No. 547

File No. 1733  
Registered No. ....  
St. .... Ward)

**2. FULL NAME**

(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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 12 - 1859

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
70      10      4

**8. OCCUPATION OF DECEASED**

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

9. BIRTHPLACE (CITY OR TOWN) Stoelpe  
(STATE OR COUNTRY) Mo

10. NAME OF FATHER Hy Trechmann  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany  
12. MAIDEN NAME OF MOTHER Margaret Kottkoff  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

14. INFORMANT Emilia A. Mochel  
(Address) Herrman Mo A3

15. FILED 1-27 1930 F R Kieber  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

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

17. I HEREBY CERTIFY, That I attended deceased from Nov 2, 1928, to Jan 16, 1930, that I last saw her alive on Jan 14, 1930, and that death occurred, on the date stated above, at 12:10 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
myocarditis chronic

900 (duration) ..... yrs. .... mos. .... ds.

CONTRIBUTORY (SECONDARY) Asthma  
(duration) 7 yrs. .... mos. .... ds.

18. WHERE WAS DISEASE CONTRACTED 93C  
IF NOT AT PLACE OF DEATH .....  
112

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) J. H. Langley, M. D.  
1-16 1930 (Address) Herrman 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 Lucas Cemetery DATE OF BURIAL 1/19 1930

20. UNDERTAKER Herrman Deuser ADDRESS Herrman Mo

STATE OF TEXAS

COUNTY OF DALLAS

1956

1956