MAR 25 1930

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

Do not use this space.

4721

1. PLACE OF DEATH
County Grundy
Township Marion
City Galt
Registration District No. 327
Primary Registration District No. 5454
File No.
Registered No. 4
(No. ..... St. ..... Ward)

2. FULL NAME Mrs. Mary Magdalin Herbert.
(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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Thomas Herbert.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 2-1845

7. AGE: 84 YEARS, 3 MONTHS, 16 DAYS. If LESS than 1 day, ..... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer Wife
(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): Grundy Co Mo.

PARENTS
10. NAME OF FATHER: George Conrad Wolz
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Germany.
12. MAIDEN NAME OF MOTHER: Anna Maria Fisher
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Germany

14. INFORMANT: Agnes Herbert.
(Address): Galt Mo.

15. FILED 2-18, 1930 U C Allen
REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 18 1930

17. I HEREBY CERTIFY, That I attended deceased from Feb 17 10:30 P.M. 1930, to 5:50 A.M. Feb 18, 1930 that I last saw her alive on Feb 18, 1930, and that death occurred, on the date stated above, at 5:50 A.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic myocarditis
Acute Heart Failure
Auricular Fibrillation
One day (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Chronic Myocarditis
Years (duration) ..... yrs. 93 mos. 93 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Unable to say.
DID AN OPERATION PRECEDE DEATH? No. DATE OF .....
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS? Clinical observation
(Signed) Leo J Vanden Bossche D.O.
2-18, 1930 (Address) Galt

*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: New I.O.O.F. Cem. Galt Mo
DATE OF BURIAL: Feby 20 1930

20. UNDERTAKER: R K Payne
ADDRESS: Galt Mo.

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.

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