

APR 28 1930

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

Do not use this space.

8313

1. PLACE OF DEATH

County Gasconade
Township Herrmann
City Herrmann (No.)

Registration District No. 303
Primary Registration District No. 4182

File No.
Registered No.
St. Ward)

2. FULL NAME

Emma Dobmeier

(a) Residence. No. St. Ward.
(Usual place of abode)

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. (If nonresident give city or town and State)

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 Michael Dobmeier

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 22-1858

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
71 5 23

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) Germany
(STATE OR COUNTRY)

10. NAME OF FATHER Christ Wahl

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Wm Wehrle
(Address)

15. FILED 3-15-30 Anna Rickhoff
19... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from Nov 24, 1929, to Mar. 14, 1930, that I last saw him alive on Mar. 14, 1930, and that death occurred, on the date stated above, at 4:50 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Athema (tuberculosis)

CONTRIBUTORY (SECONDARY)

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? Sputum analysis

(Signed) W. A. Jeter 1930
, 19 (Address)

*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 St George's Cemetery DATE OF BURIAL 3/17 1930

20. UNDERTAKER Frederick Herman ADDRESS Mo

