

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

88 G 1930
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.

MAY 26 1930

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

Do not use this space.

12250

1. PLACE OF DEATH
 County Franklin Registration District No. 297
 Township Washington Primary Registration District No. 3014
 City Washington (No.) St. Ward

2. FULL NAME Olivera Hannah Hundtke
 (a) Residence, No. St. Ward
 (Usual place of abode)
 Length of residence in city or town where death occurred — yrs. 5 mos. 5 ds. How long in U. S., if of foreign birth? 7 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write the word*) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 11/13/1877

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
52 5 16

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) (STATE OR COUNTRY) Illinois

10. NAME OF FATHER G. Kadigel

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

12. MAIDEN NAME OF MOTHER not known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) not known

14. INFORMANT Henry Hundtke
 (Address) Pacific Mo.

15. May 5 1930 O. L. Munch
 PREP. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 29 1930

17. I HEREBY CERTIFY, That I attended deceased from April 29 1930 to April 29 1930 that I last saw her alive on April 29 1930 and that death occurred, on the date stated above, at 9:30 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myocarditis Chronic
93C
95B (duration) 9 yrs. mos. ds.
 CONTRIBUTORY Cardiac dilatation Acute
 (SECONDARY) (duration) yrs. mos. 1 ds.

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

0 DID AN OPERATION PRECEDE DEATH? NO DATE OF
 WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) Frank G. May M. D.
4/30 1930 (Address) Washington, 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 Pacific City Cemetery DATE OF BURIAL 5/2 1930

20. UNDERTAKER Jno. A. Puchos ADDRESS Pacific Mo.

