

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

Do not use this space.

15222

JUN 24 1930

1. PLACE OF DEATH

County Andrew
 Township.....
 City Savannah (No. Dr. Nicholas Lawdon)

Registration District No. 13
 Primary Registration District No. 4070

File No. 253
 Registered No.
 St. Ward)

2. FULL NAME

(a) Residence. No. St. Ward. Stanton, Neb.
 (Usual place of abode)
 (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 25 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

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF wife of Edwin Pohlman

7. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 16 - 1885

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

44 6 8

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) Winchester
 (STATE OR COUNTRY) Illinois

10. NAME OF FATHER Unknown

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Edwin Pohlman
 (Address) Stanton, Neb.

15. May 5 1930 W. J. J. J. J. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5-4-1930

17. I HEREBY CERTIFY, That I attended deceased from 4-9-1930, 1930, to 5-4-1930, 1930, that I last saw him alive on 5-4-1930, 1930, and that death occurred, on the date stated above, at 11:15 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Suicide in bath
5:30

CONTRIBUTORY (SECONDARY) 49 (duration) 5 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED Stanton, Neb.

IF NOT AT PLACE OF DEATH.....

0 DID AN OPERATION PRECEDE DEATH? no DATE OF.....

WHAT TEST CONFIRMED DIAGNOSIS Physic finding
 (Signed) William C. Stearns, M. D.

5-4-1930 (Address) Savannah, 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 Stanton, Neb. DATE OF BURIAL May 7, 1930

20. UNDERTAKER F. A. Bowman ADDRESS Savannah, Mo

K. 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.

WHILE WAITING WITH OFFICER—THIS IS A PERMANENT RECORD

