

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

Do not use this space.

20402  
~~20501~~

**PLACE OF DEATH**

County Wheeler Registration District No. 957  
 Township \_\_\_\_\_ Primary Registration District No. 3036  
 City Wheeler (No. 1219 North Second) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Leona Hermann Fiedemann

(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 Percy Fiedemann

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 8 - 1897

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	32	10	17	

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) Battleville  
 (STATE OR COUNTRY) Mo

10. NAME OF FATHER Gustave Hermann

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

12. MAIDEN NAME OF MOTHER Sophie Brueggeman

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

14. INFORMANT J. Fox of Fiedemann  
 (Address) 801 N. Benton Ave

15. FILED 6/27 1930 H. Blochman  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 25 1930

17. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at 8:15 a. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS: 1

General Peritonitis  
1 1/2 hr. (duration) yrs. mos. ds.

CONTRIBUTORY attempted abortion  
 (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 146  
 IF NOT AT PLACE OF DEATH \_\_\_\_\_  
 DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS  
 (Signed) Dr. O. B. Deh Coronel, M. D.  
 , 19\_\_\_\_ (Address) St Charles 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 Battleville Mo Cem. DATE OF BURIAL June 27 1930

20. UNDERTAKER W. Hallmeyer & Sons Co ADDRESS Wheeler Mo

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.

JUL 23 1930

