

NOV 22 1930

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

Do not use this space.

32574

1. PLACE OF DEATH

County Franklin
Township Washington
City Washington

Registration District No. 297
Primary Registration District No. 306

File No.
Registered No. 91 Ward

2. FULL NAME Sister Mary Brunonis Degenfelder

(a) Residence. No. 115 Cedar St. City, Washington 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) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 12, 1879

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
51 7 28

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. Teacher
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Unterwirlingen
(STATE OR COUNTRY) Wuertenberg, Germany

10. NAME OF FATHER Andrew Degenfelder

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

12. MAIDEN NAME OF MOTHER Barbara Rauwolf

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

14. INFORMANT Sister Mary Didica
(Address) 115 Cedar St., Washington, Mo.

15. Oct 14 1930 O. L. Munnich
REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 10 1930

17. I HEREBY CERTIFY, That I attended deceased from Sept 13, 1930, to Oct 10, 1930, that I last saw her alive on Oct 10, 1930, and that death occurred, on the date stated above, at 8:15 A..m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myocarditis, chronic
668
93C

(duration) 10 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Tuberc. Pn. adenomur
(duration) 20 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH. 6000

1 DID AN OPERATION PRECEDE DEATH? yes DATE OF Oct 3, 1930

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Basic Metabolic Test
(Signed) Frank H. Mays, M. D.

Oct. 11, 1930 (Address) 309 W. 4th 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 Catholic Cemetery
Washington, Mo. DATE OF BURIAL Oct. 13, 19 30

20. UNDERTAKER Otto & Co., Washington, Mo.
ADDRESS

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.

