OCT 31 1930

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

Do not use this space.

33688

1. PLACE OF DEATH
County Osage — Registration District No. 639 — File No.
Township Benton — Primary Registration District No. 5848 — Registered No.
City (No. St. Ward)

2. FULL NAME Wilhelmina Paulsmeyer
(a) Residence. No. St., Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.
4. COLOR OR RACE: Wh.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed.
5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Ernst Paulsmeyer
6. DATE OF BIRTH (MONTH, DAY AND YEAR): Nov 30, 1854
7. AGE: YEARS 75 — MONTHS 10 — DAYS 8 — If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House wife. 96 920
(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): Pinckney, Mo.

PARENTS
10. NAME OF FATHER: Ernst Lieneke
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Germany
12. MAIDEN NAME OF MOTHER: Bernadine Dothage
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Germany

14. INFORMANT: [illegible] Paulsmeyer
(Address) Chamois, Mo.
15. FILED 10/11, 1930 Esther Souder REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 8 1930
17. I HEREBY CERTIFY, That I attended deceased from 8-6-30, 1930, to 10-6-30, 1930, that I last saw her alive on 10-6-30, 1930, and that death occurred, on the date stated above, at 5-30 am m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
(1) Aneurism of abdominal Aorta
(2) Artero-sclerosis
(3) Myocarditis
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) [illegible]
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY? None
WHAT TEST CONFIRMED DIAGNOSIS? Physical Examination
(Signed) Wm. V. McKnelly, M. D.
, 19 (Address) Chamois, 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: Evangelical Cemetery, Chamois, Mo. — DATE OF BURIAL: 10/10/1930
20. UNDERTAKER: F. A. Engelage, Chamois, 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.