NOV 26 1930

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

Do not use this space.
33694

1. PLACE OF DEATH

County Osage — Registration District No. 1124 — File No. 11

Township — Primary Registration District No. ~~[illegible]~~ 4558 — Registered No. 11

City Freeburg Mo (No. ..... St. ..... Ward)

2. FULL NAME Cunigunda Herzing

(a) Residence. No. Freeburg 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
F	W	S

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feby 22-1930

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	7	3	

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

9. BIRTHPLACE (CITY OR TOWN) Freeburg Mo
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER Conrad Herzing
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Freeburg Mo
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Mary
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Freeburg
(STATE OR COUNTRY)

14. INFORMANT Conrad Herzing
(Address) Freeburg Mo

15. FILED Nov 10 1930 Mrs D W Buechler
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from Oct 25, 1930, to Oct 25, 1930 that I last saw her alive on 8 25 A M, 1930, and that death occurred, on the date stated above, at 8 30 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cholera Infantum
114A
(duration) 1130 mos. 2 ds.

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
8 DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Jos L A Buechler, M. D
Oct 25, 1930 (Address) Freeburg 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	DATE OF BURIAL
Catholic Cemetery Freeburg	Oct 26 1930
20. UNDERTAKER	ADDRESS
By Neighbors of deceased	Freeburg Mo

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.