NOV 3 1930

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

Do not use this space.

1. PLACE OF DEATH
County Saline — Registration District No. 800 — File No. 35059
Township — Primary Registration District No. 4488 — Registered No.
City Sweet Springs Mo (No. ... St. ... Ward)

2. FULL NAME Charlotte Stremming
(a) Residence. No. 210 Blackwater St., ... Ward. (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 58 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 Henry Stremming

6. DATE OF BIRTH (MONTH, DAY AND YEAR) August 17-1841

7. AGE: Years 89 — Months 1 — Days 20 — If LESS than 1 day, ... hrs. or ... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife at Home
(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): Germany

PARENTS
10. NAME OF FATHER: Ledrich Claus
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Germany
12. MAIDEN NAME OF MOTHER: Miss Busse
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Germany

14. INFORMANT: Selma Borgstadt.
(Address) Sweet Springs Mo.

15. Oct 8 1930 J. H. Owen REGISTRAR.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 7 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1928, to Oct 7, 1930 that I last saw her alive on Oct 7, 1930 and that death occurred, on the date stated above, at 6 Oct 7 - 11:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Endocarditis Chronic

(duration) yrs. 5 mos. ds.

CONTRIBUTORY (SECONDARY) 90a

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) C. H. Wilcox, M. D
10/8, 1930 (Address) Sweet Springs

*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: Fairview — DATE OF BURIAL: Oct 10 1930

20. UNDERTAKER: Jesse Harvey — ADDRESS: Sweet Springs 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.