

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.

DEC 22 1930

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

Do not use this space.

35808

1. PLACE OF DEATH

County OsageRegistration District No. 306Township BOEHFPrimary Registration District No. 5424

City (No.) St. Ward

File No.

Registered No. 8

St. Ward

2. FULL NAME Antone VICTOR WILIMANN

(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

MALE

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

Anna Emma WILIMANN

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

JAN 22 1884

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ... hrs. or min.

461028

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Farmer

(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)

SWISS MO

PARENTS

10. NAME OF FATHER

EDWARD WILIMANN

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

SWITZERLAND

12. MAIDEN NAME OF MOTHER

NEE MILLER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

SWISS

14.

INFORMANT

(Address)

Mrs. Irene DiederichETLAH MO

15.

FILED

11-23, 1930

John Engelbrecht

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov-20th 1930

17.

I HEREBY CERTIFY, That I attended deceased from

did not see, 19... to... 19...
that I last saw him... alive on... 19... and that death occurred, on the date stated above, at... 8 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

"suicide by hanging" =
Verdict of Coroner's jury.

CONTRIBUTORY (SECONDARY)

mental derangement

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)

Julius Lingenfelder, M. D.

19

(Address) Herrmann, Mo.Coroner

*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

STONY HILL MONOV 23 1930

20. UNDERTAKER

ADDRESS

HERMAN BLUMERNO BERGER

