DEC 22 1930

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

Do not use this space.

37082

1. PLACE OF DEATH

County Ralls — Registration District No. 726 — File No.

Township Saverton — Primary Registration District No. 54518 — Registered No.

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Wilhelmina M. Pabst

(a) ~~Residence~~ No. Ralls Co, Saverton Township 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 19 - 1842

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
88	9	25	

8. OCCUPATION OF DECEASED

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

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) not known (STATE OR COUNTRY) Germany

PARENTS

10. NAME OF FATHER Ludwig Kaellman

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Not known (STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Charlotte Smallreid

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Not known (STATE OR COUNTRY) Germany

14. INFORMANT W. M. Pabst (Address) Saverton Mo.

15. FILED 11/10, 1930 T. J. Downing REGISTRAR (per C. D)

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) November 8 1930

17. I HEREBY CERTIFY, That I attended deceased from Oct 31, 1930, to November 8, 1930 that I last saw her alive on November 8, 1930, and that death occurred, on the date stated above, at 3:50 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar Pneumonia

(duration) ....yrs. ....mos. 10 ds.

CONTRIBUTORY (SECONDARY) General Debility

(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?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Glenn R. Miller M. D.

11/10, 1930 (Address) 617 Bdwy Hannibal, 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
Antioch Cemetery	Nov 11 1930
20. UNDERTAKER Wm M. Smith	ADDRESS 902 Broadway Hannibal, Mo

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

MARGIN RESERVED FOR BINDING