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.

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

41844

1. PLACE OF DEATH
County: Warren — Registration District No. 884 — File No.
Township: Charette — Primary Registration District No. 6176 — Registered No. 38
City: ~~Hoelstein~~ (No. ..... St. ..... Ward)

2. FULL NAME: Wilhelmine Friederike Nienkamp
(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: W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Otto H Nienkamp

6. DATE OF BIRTH (MONTH, DAY AND YEAR): May 6 1880

7. AGE: Years 50 — Months 7 — Days 5 — If LESS than 1 day, ... hrs. or ..... min.

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): Treloar
(STATE OR COUNTRY): Missouri

PARENTS
10. NAME OF FATHER: Henry Hasejaeger
11. BIRTHPLACE OF FATHER (CITY OR TOWN): New Orleans
(STATE OR COUNTRY): Miss
12. MAIDEN NAME OF MOTHER: Friedrich Wipperman
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Treloar
(STATE OR COUNTRY): Mo

14. INFORMANT: Otto H Nienkamp
(Address): Treloar Mo

15. FILED: Dec 13, 1930 — G C Johnson, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 12/11 1930

17. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1929, to Dec 11, 1930 that I last saw her alive on Dec 11, 1930, and that death occurred, on the date stated above, at 11/40 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chr Myocarditis
6615
926 (duration) 4 yrs. mos. ds.
CONTRIBUTORY (SECONDARY): Toxic Goiter
(duration) 15 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) G C Johnson, M. D
, 19 (Address) Marthasville 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: Hoelstein Church Cemetery — DATE OF BURIAL: 12/15 1930

20. UNDERTAKER: F O Nieling — ADDRESS: Warrenton Mo