

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.

MAR 23 1931

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

Do not use this space.

4649

File No. 170
Registered No. 170
St. _____ Ward _____

1. PLACE OF DEATH

County Buchanan Registration District No. 85
Township _____ Primary Registration District No. 1001
City St. Joseph, (No. 822 Dewey Ave.)

2. FULL NAME

Katherina Wild

(a) Residence No. 822 Dewey Ave St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 73 yrs. mos. ds. How long in U. S., if of foreign birth? 75 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May, 29, 1838

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
92 8 13

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) Waldmer, Germany 10
(STATE OR COUNTRY)

10. NAME OF FATHER Weigend Jesberg
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Waldmer, Germany
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Katherine Koch
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Waldmer, Germany
(STATE OR COUNTRY)

14. INFORMANT Robert Wild
(Address) St. Joseph, Mo.

15. FIED. 19 1931
FEB 13 1931 John R. Bender REGISTRAR

1 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb, 12, 1931 19

17. I HEREBY CERTIFY, That I attended deceased from 12-20, 1930, to 2-12, 1931 that I last saw h. ~~h.~~ alive on 2-12, 1931, and that death occurred, on the date stated above, at 2.15 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Influenza

CONTRIBUTORY (SECONDARY) 11B
(duration) _____ yrs. _____ mos. 10 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

0 DID AN OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) Dr. W. S. Sizer M.D. (3)

2/13/1931 (Address) Logan Bldg. St. Joseph, 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 Mt. Mora Cemetery DATE OF BURIAL Feb, 14, 1931

20. UNDERTAKER Walter Meinhoff ADDRESS 1302 Faraon St.

