MAR 24 19[illegible]

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

Do not use this space.

5137

1. PLACE OF DEATH
County Franklin — Registration District No. 297 — File No.
36 Township — Primary Registration District No. 3016 — Registered No. 29
8 City Washington (No. ..... St. ..... Ward)

2. FULL NAME Hulda M. Viehland
(a) Residence. No. St Francis Hospital Washington Ward.
(Usual place of abode) St. Clair Mo. (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 20 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	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Oscar C. Viehland

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 23, 1885

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	46	0	27	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) 235
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Oerman, Mo.
(STATE OR COUNTRY) /

PARENTS
10. NAME OF FATHER Henry Riemann
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Dittmer
(STATE OR COUNTRY) Missouri
12. MAIDEN NAME OF MOTHER Minnie Bode
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Germany 10

14. INFORMANT Oscar C. Viehland
(Address) ~~Union Mo~~ St Clair Mo.

15. Feb 21, 1931 O. L. Munch REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 20 1931

17. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1930, to Feb 20, 1931 that I last saw her alive on Feb 18, 1931, and that death occurred, on the date stated above, at 6:15 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of right side of face
52
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) None
(duration) 1 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? Clinical
(Signed) J. L. Walker, M. D.
2/20, 1931 (Address) Union 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
Zion Cemetery Union, Mo.	2/21/31 19
20. UNDERTAKER	ADDRESS
Wm. H. Horn	Union, 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.