

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

Do not use this space.

6292

1. PLACE OF DEATH

County *Monroe*

Registration District No. *341*

Township *E. Johnson*

Primary Registration District No. *5730*

City *Ottolville* (No. *Wiesman*)

File No. _____

Registered No. _____

St. _____ Ward) _____

2. FULL NAME

(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

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widowed

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

Anton Wiesman

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

Jan 8, 1842

7. AGE

YEARS

89

MONTHS

DAYS

29

IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Germany

FATHER

13. NAME

Wm. Studenbaker

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Germany

MOTHER

15. MAIDEN NAME

Mary Magdaline Arming

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Germany

17. INFORMANT (ADDRESS)

Richard Wiesman Highgate 120

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Koezing

DATE

Feb 9

1931

19. UNDERTAKER (ADDRESS)

S. J. Glickler

20. FILED

April 19, 1931

Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

February 7, 1931

22. I HEREBY CERTIFY that I attended deceased from

Jan 30 to Feb 7, 1931

I last saw him alive on *Feb 3, 1931* Death is said

to have occurred on the date stated above, at *9:00 a.m.*

The principal cause of death and related causes of importance were as follows:

Myocarditis

Date of onset

Jan 30

Other contributory causes of importance:

Chronic nephritis

Name of operation

What test confirmed diagnosis?

Date of

Was there an autopsy? *No*

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? *No* Date of injury _____, 19____

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? *No*

If so, specify

(Signed) *Mr. Surgeon*, M. D.

(Address) *Red Bank Mo*

