

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

Do not use this space.

20367

1. PLACE OF DEATH

County Warren
Township Pinkney
City (No. _____) _____

Registration District No. 851
Primary Registration District No. 6173

File No. _____
Registered No. 22
St. _____ Ward _____

2. FULL NAME

Selena Wilmsmeyer
(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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 14-1888

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
42 10 20

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

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

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) near Bernheimers, Mo.

FATHER 13. NAME Aug Vahrenburg

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

MOTHER 15. MAIDEN NAME Christina Bauman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Warren Co., Mo.

17. INFORMANT Anton Wilmsmeyer
(ADDRESS) London, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Pinkney Church Cem. DATE 5/7th, 1931

19. UNDERTAKER F. W. Muehling
(ADDRESS) Warren Mo.

20. FILED 5/8, 1931 Warren Mo.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 4th, 1931

22. I HEREBY CERTIFY, That I attended deceased from April 2, 1931, to May 4, 1931.
I last saw him alive on May 4, 1931. Death is said to have occurred on the date stated above, at 8 P.M.

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

Acute Myocarditis
& Mem of S. Tawell
117A
93A
1170V
Date of onset _____
Other contributory causes of importance _____

Name of operation _____ Date of _____
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ 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) E. C. Johnson, M. D.
5/4/31 (Address) M. Athertonville Mo.

WHITE 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.

MAY 29 1931

