

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

Do not use this space.

20855

1. PLACE OF DEATH

County Chariton
Township Summerton
City (No.)

Registration District No. 176
Primary Registration District No. 5244

File No.
Registered No. 3 St. Ward

2. FULL NAME

Mrs. Margarete Wamhoff

(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) widow.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 28 - 1857

7. AGE	YEARS	MONTHS	DAYS	IF LESS THAN 1 day,hrs. ormin.
	<u>72</u>	<u>8</u>	<u>4</u>	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. House wife 245
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

10. NAME OF FATHER Hohimer

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

12. MAIDEN NAME OF MOTHER Mary Brenner

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) not known

14. INFORMANT Mrs. Olive Bennett
(Address) Laclede, Mo.

15. FILED 7/1, 1931 A. F. Lewis REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2 **16. DATE OF DEATH (MONTH, DAY AND YEAR)** June 30 1931

17. I HEREBY CERTIFY, That I attended deceased from Sept 1929 to June 26, 1931 that I last saw her live on June 26, 1931 and that death occurred, on the date stated above, at 9:4 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Valvular Insufficiency (Cardiac)
131.
99A (duration) 2 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Chr Intersystolic Reprints
Sexual 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? Physical signs
(Signed) Dr. J. O. Henry M. D.
July 1, 1931 (Address) Sumner 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 J. O. O'Henry DATE OF BURIAL July 2 1931

20. UNDERTAKER W. G. Thorne ADDRESS Laclede 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. WRITE COMPLETELY, WITH OUTFACING INK—THIS IS A PERMANENT RECORD JUL 23 1931

