

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.

JUL 25 1931

*Dipton
1931*

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

Do not use this space.

22115

1. PLACE OF DEATH

County Marion
Township Union
City (No.)

Registration District No. 549
Primary Registration District No. 5742

File No.
Registered No. 8
St. Ward

2. FULL NAME

Annie Mary Freidebach

(a) Residence, No. St. Ward
(Usual place of abode)
Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

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 Edward Freidebach

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 4, 1862

7. AGE	YEARS	MONTHS	DAYS	IF LESS THAN 1 day, hrs. or min.
	69	3	6	

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

13. NAME George Dinges

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

15. MAIDEN NAME Eva Fogle

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

17. INFORMANT (ADDRESS) Mrs. Eva Hadden
St. Louis, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Louis, Mo. DATE 6/12/31

19. UNDERTAKER (ADDRESS) Lewis Dixon
Palmyra, Mo.

20. FILED 6-16 1931 Mrs. C. F. Dipton
Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 10, 1931

22. I HEREBY CERTIFY, That I attended deceased from June 6, 1931, to June 10, 1931.
I last saw her alive on June 10, 1931. Death ~~occurred~~ occurred on the date stated above, at 7:20 a.m.

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

Rocky Mountain Spotted Fever
— Eastern + Southern States type
9:30
57F
Other contributory causes of importance:
Myocarditis chronic
associated with rheumatoid arthritis

Date of onset TRK
DATE
MAY 29
RIGOR, 1931
JUNE 6, 1931
injection
of antiserum for
Rocky Mountain
spotted fever
started June 8, 1931

Name of operation NONE (SERIOUS) Date of
What test confirmed diagnosis? (see QWER) 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) Thomas Haxton Journey, M. D.
(Address) Palmyra, Mo.

Fist bite was on right lower extremity 3 cm above base of 3rd digit.

Sudden onset with rigor and vomiting on Saturday June 6, 1931 with pronounced aching of arms & legs and of neck.

Became ant remained stuporous - of 24 hrs. followed most - finally comatose. Chest and lungs remained normal - good re. return of int.

White blood cell count 11000 at insim dropped to 7200 after 48 hours.

Temperature remained constant gradually rising 102 on 29th, 103 to 104 on 30th day 104 to 105 on

4th day. (Cultt remonon on 4th day)

Meningitis excluded by lumbar puncture, cerebrospinal fluid not being under pressure, crystal clear, cell count of 6.

Plaque papular (chiefly lenticular macular) the violaceous eruption appeared first of lower extremities. The upper extremities then spread over whole body except face & neck. Was very profuse but became petichial in only a few places.