

WRITE 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.

AUG 26 1931

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

Do not use this space.

24694

1. PLACE OF DEATH

County Franklin  
Township Belen  
City                      (No.                      St.                      Ward                     )

Registration District No. 293  
Primary Registration District No. 5411

File No.                       
Registered No. 34

2. FULL NAME

Caroline Mary Gollhofer

(a) Residence, No.                      St.                      Ward                       
(Usual place of abode)  
Length of residence in city or town where death occurred 65 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 F. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 6 - 1850

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 80 | 9 | 8

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

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 Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

13. NAME Chas. Ossenfoth

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

15. MAIDEN NAME Catherine Mueller

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

17. INFORMANT (ADDRESS) Edg. Fleisher Pacific

18. BURIAL, CREMATION, OR REMOVAL PLACE Home Burial DATE 7-16-31

19. UNDERTAKER (ADDRESS) Mrs. A. Fleisher Pacific

20. FILED July 15 1931 Helena M. Fleisher Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July - 14 - 1931

22. I HEREBY CERTIFY, That I attended deceased from June 13 1931, to July 14 1931, last saw her alive on July 14 1931. Death is said to have occurred on the date stated above, at 5 P. M. The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage Date of onset June (?)

Other contributory causes of importance: 82A

Name of operation                      Date of                       
What test confirmed diagnosis?                      Was there an autopsy?                     

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?                       
If so, specify                     

(Signed)                     , M. D.  
(Address) Pacific Mo

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