

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 26 193

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

Do not use this space.

25502

1. PLACE OF DEATH

County Lafayette
Township Washington
City Adrian (No. _____)

Registration District No. 464
Primary Registration District No. 5626

File No. 14
Registered No. 48 St. _____ Ward _____

2. FULL NAME

Caroline Schaefer Koetter

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 31, 1849

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
81 6 18

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) Germany

13. NAME Anton Reithmeyer

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

15. MAIDEN NAME Amalia Stiemeyer

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

17. INFORMANT Henry Schaefer Koetter (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Order, Mo DATE July 22, 1933

19. UNDERTAKER L. C. Keshuan (ADDRESS) Adrian, Mo.

20. FILED 7/28 1933 L. C. Schooley Registrar.

5 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 19 1933

22. I HEREBY CERTIFY That I attended deceased from 6-24 1931, to 7-19 1933. I last saw h. er alive on 7-19 1933. Death is said to have occurred on the date stated above, at 10:2 m.

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

Cerebral Sclerosis
72
94B / 1310
Date of onset _____

Other contributory causes of importance:
Coronary sclerosis & Myocarditis
Thrombosed renal vessels
Removal of Jrs. removed
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 of deceased? W
If so, specify _____
(Signed) W. C. Keshuan, M. D.
(Address) Order, Mo

