

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.

OCT 22 1931

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

Do not use this space.

1. PLACE OF DEATH

County LASCONADE
Township RAARK
City (No.)

Registration District No. 303
Primary Registration District No. 5420

File No. 30975
Registered No. 18
St. Ward

2. FULL NAMEAUGUSTA DETTERER

(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? 69 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEMALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) WIDOWED

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) MAR-28-1848

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
83 5 9

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work HOUSEWIFE
(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) GERMANY**PARENTS**

10. NAME OF FATHER BOCK

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

12. MAIDEN NAME OF MOTHER UNKNOWN

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) GERMANY

14. INFORMANT Edw. Detterer
(Address) Hermann MO

15. FILED 9-9-31 Anna K. Rieckhoff
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) September 7th 1931

17. I HEREBY CERTIFY, That I attended deceased from Sept 11th 1931 to Sept 26th 1931.
that I last saw him alive on August 29th 1931, and that death occurred, on the date stated above, at 3:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

1331 Pyelitis
(duration) 2 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) not known
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTEDIF NOT AT PLACE OF DEATH DID AN OPERATION PRECEDE DEATH? no DATE OF WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Urinary examination
(Signed) John H. Backer M. D.

Sept 8th 1931 (Address) Hermann 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 DETTERER FARM Cem. DATE OF BURIAL 9/10 1931

20. UNDERTAKER HERM. BLUMER ADDRESS Hermann MO

