

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.

NOV 24 1931

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

Do not use this space.

34104

**1. PLACE OF DEATH**

County FRANKLIN  
Township BOEHF  
City — (No. —)

Registration District No. 292  
Primary Registration District No. 5410

File No. —  
Registered No. —  
St. — Ward —

**2. FULL NAME**

(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 74 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>FEMALE</u>	4. COLOR OR RACE <u>WHITE</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>WIDOWED</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF AUG BADE

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAR-15-1857

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ..... hrs. or ..... min.
	<u>74</u>	<u>7</u>	<u>7</u>	

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) DRAKE MO

MOTHER FATHER 13. NAME W<sup>m</sup> WISSMANN

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

15. MAIDEN NAME MIEJERHART

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

17. INFORMANT GEO. H. BADE (ADDRESS) Berger, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE BERGER MO DATE OCT 25 1931

19. UNDERTAKER HERMAN BLUMER (ADDRESS) BERGER MO

20. FILED 10-23 1931 A. K. K. Registrar.

**2 MEDICAL CERTIFICATE OF DEATH 7<sup>45</sup>-AM**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) OCT. 22 1931

22. I HEREBY CERTIFY, That I attended deceased from July 31, 1931, to Oct 22, 1931.  
last seen alive on Oct 21, 1931. Death is said to have occurred on the date stated above, at 7:45 a.m.

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

Cerebral Thrombosis Date of onset —

820

Other contributory causes of importance: Senility

Name of operation — Date of —

What test confirmed diagnosis? None 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?

If so, specify — (Signed) W. G. Daugherty, M. D.

(Address) Berger, Mo.

