

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

Do not use this space.

39963

1. PLACE OF DEATH

County Warren
Township Charlotte
City _____ (No. _____)

Registration District No. 884
Primary Registration District No. 6176

File No. _____
Registered No. 19
St. _____ Ward _____

2. FULL NAME

(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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 25/31

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
		<u>2</u>	<u>5</u>	

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
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) Edgemoor
Marthasville Mo

MOTHER 13. NAME Edith Heggenma

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marthasville Mo

15. MAIDEN NAME Maime Siepmann

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marthasville Mo

17. INFORMANT Maime Siepmann
(ADDRESS) Marthasville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Convent Hill DATE Nov 30, 1931

19. UNDERTAKER Ben Mabey
(ADDRESS) Marthasville Mo

20. FILED Nov 29, 1931 R C Johnson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 29, 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov 20, 1931, to Nov 29, 1931

I last saw her alive on Nov 29, 1931. Death is said to have occurred on the date stated above, at 7:20 a.m.

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

Whooping Cough
& Bronchial Pneumonia
9
107A

Name of operation _____ Date of _____
What test confirmed diagnosis? Chest 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 _____, 1931

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) R C Johnson, M. D.
(Address) Marthasville Mo

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.

DEC 26 1931

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

