

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.

MAR 23 1932

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

Do not use this space.

400
3000

5175

1. PLACE OF DEATH
 5-0 County Jefferson Registration District No. 420
 2 Township Waller Primary Registration District No. 30279
 7 City Desoto (No. _____) St. _____ Ward _____

2. FULL NAME Ida Katharine Remmert.
 (a) Residence, No. 808 Boyd St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 17 - 1908.

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>23</u>	<u>3</u>	<u>10.</u>		

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — 235

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) Jefferson Co. Mo. 1

13. NAME Price Carrow

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

15. MAIDEN NAME Effie Wade

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

17. INFORMANT Margrett Maness
(ADDRESS) 808 Boyd St

18. BURIAL, CREMATION, OR REMOVAL PLACE Desoto, Mo. DATE March 1, 1932

19. UNDERTAKER Richardson - Motherhead
(ADDRESS) Desoto, Mo.

20. FILED 729 1932 Desoto, Mo.
N. J. Raupp
Registrar

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 27, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 11, 1932 to Feb 27, 1932
 I last saw her alive on Feb 27, 1932. Death is said to have occurred on the date stated above, at 9:40 P.M.
 The principal cause of death and related causes of importance were as follows:
Laryngeal Tuberculosis Date of onset 12/9/31
Influenza throat 11/9/31
Aspiration

Other contributory causes of importance: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? Clinical 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 no
 (Signed) V. A. Elders
 (Address) Desoto

