

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

Do not use this space.

11911

1. PLACE OF DEATH

20 County Coedar
1 Township
2 City Edwards Springs (No. _____)

Registration District No. 163
Primary Registration District No. 4095-

File No. _____
Registered No. 30 St. _____ Ward)

2. FULL NAME

Fannie Hieronymus
(a) Residence, No. 709 S main St. 2 Ward.

(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 9. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF Chas Hieronymus
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb-6-1880
7. AGE YEARS 52 MONTHS 2 DAYS 1 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife 235
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) Mo

13. NAME John Ryan Welch

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

15. MAIDEN NAME Pauline Mellon

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

17. INFORMANT Charles Hieronymus (ADDRESS) Edwards Springs Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE City Cem- DATE 4/10 1932

19. UNDERTAKER Winn Siders (ADDRESS) Edwards Springs Mo

20. FILED 4/8 1932 J. W. Dawson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 7 1932

22. I HEREBY CERTIFY, That I attended deceased from April 6 1932, to April 7 1932
I last saw her alive on April 5 1932 Death is said to have occurred on the date stated above, at 10:30 a.m.

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

Apoplexia Date of onset April 5
out of a fall

Other contributory causes of importance: (1)

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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? No

If so, specify _____ (Signed) W. W. Lusk M. D.
(Address) E. Edwards Springs Mo

WHITE PENCIL ONLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

MAY 28 1932

