V. S. No. 2. MARGIN RESERVED FOR BINDING

WRITE PLAINLY, 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 23 1932

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

Do not use this space.

12007

1. PLACE OF DEATH
26 County Cole — Registration District No. 213 — File No. 86
3 Township — Primary Registration District No. 30 — Registered No.
8 City Jefferson (No. St Mary's Hospital St. Ward)

2. FULL NAME Mary T. Veltrop

(a) Residence, No. E. Miller St., Ward. (If nonresident, give city or town and State)
(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.

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 Gerhard Veltrop

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 25-1858

7. AGE YEARS 73 MONTHS 11 DAYS 13 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
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) Cole Co. Mo.

FATHER
13. NAME Henry Bernskoetter
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Elizabeth Schwaller
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) George Veltrop Toas, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Toas Mo. DATE 4-11-1932

19. UNDERTAKER (ADDRESS) C. P. Heinrichs J.C. Mo

20. FILED 4/18/1932 J. W. Bedford Registrar.

5 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 8-1932

22. I HEREBY CERTIFY, That I attended deceased from April 2, 1932, to April 9, 1932
I last saw her alive on April 9, 1932. Death is said to have occurred on the date stated above, at 1:30 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bilateral hypostatic pneumonia	April 4
186A Fracture neck of rt femur	April 2
194	
97	

Other contributory causes of importance:
arteriosclerosis
1 C (1)

Name of operation none 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? accident Date of injury April 2, 1932
Where did injury occur? home (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
fractured leg in home
Manner of injury fall
Nature of injury fracture

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Leon A. Taylor, M. D.
(Address) Jefferson City, Mo.