

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

Do not use this space.

13052

**1. PLACE OF DEATH**

54 County Lafayette Registration District No. 457  
Township Freedom Primary Registration District No. 5621 B  
City Freedom (No. ....) St. Mo. Ward 1

**2. FULL NAME**

Emma Holters  
(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Widowed</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Henry Holters</u>			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May-26-1855</u>			
7. AGE	YEARS <u>76</u>	MONTHS <u>10</u>	DAYS <u>8</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		11. Total time (years) spent in this occupation.....	
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).....	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Concordia Mo</u>			
13. NAME <u>Henry Roep</u>			
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>			
15. MAIDEN NAME <u>Unknown</u>			
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>			
17. INFORMANT <u>Ed. Holters</u> (ADDRESS) <u>Concordia Mo</u>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Lutheran Cemetery</u> DATE <u>April-6-1932</u>			
19. UNDERTAKER <u>N. F. Schaeffer</u> (ADDRESS) <u>Concordia Mo</u>			
20. FILED <u>4-6-1932</u> <u>Berthman Shryman</u> Registrar.			

**MEDICAL CERTIFICATE OF DEATH**

1. DATE OF DEATH (MONTH, DAY, AND YEAR) April-4-1932

2. I HEREBY CERTIFY, That I attended deceased from March 28, 1932 to March 31, 1932  
I last saw him alive on April 4, 1932. Death is said to have occurred on the date stated above, at 8:50 a.m.  
The principal cause of death and related causes of importance were as follows:  
Intestinal Infestation  
IB  
IB  
Other contributory causes of importance: (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?..... 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) Berthman Shryman..... M. D.  
(Address) Concordia, 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.

MAY 25 1932

WHILE FILING WITH CONFIDING INFORMATION IS A PLEASANT RECORD

