Snavely

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

Do not use this space.

13491

File No.

Registered No. 103

1. PLACE OF DEATH

County Pettis — Registration District No. 668

Township — Primary Registration District No. 3032

City Sedalia (No. Bothwell Hosp St. Ward)

2. FULL NAME Etta Anna Meints

(a) Residence, No. 1321 E 13th St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

MAY 26 1932

## 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: Fred Meints

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov 5 - 1863.

7. AGE: YEARS 68 — MONTHS 7 — DAYS 12 — If LESS than 1 day, ....hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: [illegible]
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): Ill

FATHER

13. NAME: R. Hartwig
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER

15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Fred Meints 1321 E. 13th

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Crown Hill DATE: 4/19/32, 19

19. UNDERTAKER (ADDRESS): McLaughlin Bros Sedalia Mo

20. FILED 4-19, 1932 J. L. Love Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 17, 1932, 19

22. I HEREBY CERTIFY, That I attended deceased from April 3 - 1932, to April 17 - 1932

I last saw her alive on April 17, 1932 Death is said to have occurred on the date stated above, at 12:15 a.m.

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

| | Date of onset |
|---|---|
| Acute Nephritis parenchymatis | |
| 97 | |
| 130 | |

Other contributory causes of importance:

Arteriosclerosis

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

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

(Signed) E. J. Snavely, M. D.

(Address) Sedalia Mo

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.

V. S. NO. 2