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.

JUN 23 1932

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

Do not use this space.

16452

1. PLACE OF DEATH
49 County Jasper
5 Township
7 City Carthage (No. ..... St. ..... Ward)

Registration District No. 408
Primary Registration District No. 3020

File No. .....
Registered No. .....

2. FULL NAME Minnie Adele Kammerdiener
(a) Residence, No. 417 Sophia St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 50 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) Widdow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry Kammerdiener
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 4th 1871
7. AGE YEARS 60 MONTHS 7 DAYS 16 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work
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) Jasper Co. Mo. 1

FATHER
13. NAME Jessie P. Hitchcock
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio 3

MOTHER
15. MAIDEN NAME Lucindia Bradberry
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT (ADDRESS) Milo Kammerdiener Carthage Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Park Cemetery DATE 5/23 1931
19. UNDERTAKER (ADDRESS) Ulmer Drake Carthage Mo
20. FILED May 23 1932 E H Ketcham Registrar.

MEDICAL CERTIFICATE OF DEATH

2

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 20th 1932

22. I HEREBY CERTIFY, That I attended deceased from May 8, 1932, to May 20, 1932
I last saw her alive on May 19, 1932 Death is said to have occurred on the date stated above, at 8:25 p.m.
The principal cause of death and related causes of importance were as follows:

Right Lobar Pneumonia — Date of onset

57 / 108 59

Other contributory causes of importance:
Diabetes

1

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) T. E. Baker, M. D.
(Address) Carthage Mo.