WHITE PEARLEY, 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.

JUL 21 1932

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

Do not use this space.

18809

1. PLACE OF DEATH

11 County Buchanan — Registration District No. 86 — File No.

Township Washington — Primary Registration District No. 5127 — Registered No. 4

City St Joseph (No. , St. 45 Ward)

2. FULL NAME Caroline Overmiller

(a) Residence, No. 40th St Road 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. 3 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Charles Overmiller

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug 22 - 1862

7. AGE: YEARS 69 — MONTHS 9 — DAYS 22 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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): St Joseph MO

FATHER

13. NAME: Louis Holzhey
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Austria

MOTHER

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

17. INFORMANT (ADDRESS): George Anderson St Joseph MO

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Moray Bar DATE: June 15 1932

19. UNDERTAKER (ADDRESS): William Stanton Atchison Kans

20. FILED: June 13 1932 J. P. Bartholomew Registrar.

MEDICAL CERTIFICATE OF DEATH

2

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 13, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 10, 1932, to June 13, 1932

I last saw her alive on June 10, 1932. Death is said to have occurred on the date stated above, at 2 a.m.

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

Endocarditis & mitral insufficiency. — Date of onset 1920

Other contributory causes of importance: Rheumatism 1918

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) Collis Rannely, M. D.

(Address) Kirkpatrick Bldg

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