

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

Do not use this space.

25960

1. PLACE OF DEATH
 39 County Greene Registration District No. 318
 9 Township Springfield Mo. Rt. 7 - W. Mt. Vernon St. File No. _____
 5 City Springfield Mo. Rt. 7 - W. Mt. Vernon St. Registered No. 604 St. _____ Ward) _____

2. FULL NAME Julia Matilla Eleanor Raum
 (a) Residence, No. Rt. 7 - W. Mt. Vernon St. Ward. _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. da. 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
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 4 - 1853
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 9 22
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 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) Arfert Germany
 13. NAME Heinrich Berndt
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
 15. MAIDEN NAME Marie Otto
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arfert Germany
 17. INFORMANT (ADDRESS) Ed Raum
 18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE Aug 28 1932
 19. UNDERTAKER (ADDRESS) Alma Schmeckel Home
 20. FILED 8-27-1932 Ralph W. Langston Registrar.

6 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 26 - 1932
 22. I HEREBY CERTIFY, That I attended deceased from June 23 1932 to Aug 26 1932
 I last saw him alive on Aug 26 1932 Death is said to have occurred on the date stated above, at 10:37 a.m.
 The principal cause of death and related causes of importance were as follows:
Fracture Neck left Date of onset _____
beginning June 23
Cerebral
hemorrhage Aug 21
Pneumonia Aug 23 1932
 Other contributory causes of importance: Hypertension
Diabetes Mellitus
 Name of operation None Date of _____
 What test confirmed diagnosis? Ray Was there an autopsy? Yes
 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? Greene Co. Mo
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. In home
 Manner of injury Fall from dog steps
 Nature of injury fracture neck left
 24. Was disease or injury in any way related to occupation of deceased? Bencher
 If so, specify attending household duties
 (Signed) C. Stallins M. D.
 (Address) 318 1/2 College St
Springfield 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.

SEP 22 1932

