

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

Do not use this space.

29725

1. PLACE OF DEATH

5-8 County Lin Registration District No. 496
 1 Township Bowling Primary Registration District No. 3025
 7 City Boonville (No. 124) Boonville St. 1st Ward

2. FULL NAME

Magdolese Dommerath
 (a) Residence, No. 124 macou St., _____ Ward. _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Widow</u>
5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John G. Dommerath</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 24 - 1852</u>		
7. AGE	YEARS <u>80</u>	MONTHS <u>7</u>
	DAYS <u>17</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired</u>	
	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) <u>1922</u>	
	11. Total time (years) spent in this occupation <u>50</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Berlin</u> <u>Can</u>		
FATHER	13. NAME <u>W. A. Burt holder</u> <u>9</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Berlin</u> <u>Can</u>	
MOTHER	15. MAIDEN NAME <u>Bertha Gutelman</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Paris</u> <u>9</u>	
17. INFORMANT X <u>Lea Dommerath</u> (ADDRESS) <u>124 macou</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Rose Hill</u> DATE <u>Apr 13</u> <u>1932</u>		
19. UNDERTAKER (ADDRESS) <u>Wentworth</u> <u>Boonville</u>		
20. FILED <u>9-12</u> 1932 <u>E. J. Jacobson</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 11 1932

22. I HEREBY CERTIFY That I attended deceased from Aug 21 1932 to Sept. 11 1932
 I last saw her alive on Sept 10 1932 Death is said to have occurred on the date stated above, at 50 a.m.
 The principal cause of death and related causes of importance were as follows:
asthma (lung)
allergic
112 1/2
 Other contributory causes of importance:
Acid Ferment

Name of operation _____ Date of _____
 What test confirmed diagnosis clinical 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? No
 If so, specify _____
 (Signed) E. J. Jacobson, M. D.
 (Address) Boonville 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.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

OCT 26 1932

