

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.

JAN 22 1932

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

Do not use this space.

39188

1. PLACE OF DEATH

37 County BABCO NADÉ
Township BREHFF

Registration District No. 306
Primary Registration District No. 5424

File No. _____
Registered No. 7
St. _____ Ward _____

2. FULL NAME LOUISA WILHELMINE BADE

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? 4 yrs. 1 mos. 1 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>FEMALE</u>	4. COLOR OR RACE <u>WHITE</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>WIDOWED</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>WIDOW F. C. BADE</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>DEC 4 1858</u>		
7. AGE	YEARS	MONTHS
	<u>74</u>	<u>0</u>
		<u>5</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>HOUSEWIFE</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)		
11. Total time (years) spent in this occupation		

12. BIRTHPLACE (CITY OR TOWN) DRAKE MO
(STATE OR COUNTRY)

13. NAME Wm WILSMANN

14. BIRTHPLACE (CITY OR TOWN) GERMANY
(STATE OR COUNTRY)

15. MAIDEN NAME NEE UNKNOWN

16. BIRTHPLACE (CITY OR TOWN) GERMANY
(STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Genl Co. 10ade, HERMANN MO

18. BURIAL, CREMATION, OR REMOVAL
PLACE BW 188 MO DATE DEC 12 32

19. UNDERTAKER HERMAN BLUMER
(ADDRESS) BERGER MO

20. FILED 12-10 32 John Engelbrecht
Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 9, 1932

22. I HEREBY CERTIFY that I attended deceased from Oct. 4, 1932, to Dec 9, 1932

I last saw her alive on Dec 10, 1932 Death is said

to have occurred on the date stated above, at 11:45 PM.

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

Chronic valvular heart disease Date of onset some two years ago

92 565 92 565

Other contributory causes of importance: Inflammatory rheumatism

Name of operation none Date of 1

What test confirmed diagnosis? Physical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? None 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) John Engelbrecht, M. D.

(Address) Stony Hill, Mo

