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.

JAN 23 1933

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

Do not use this space.

39193

1. PLACE OF DEATH

37 County Gasconade — Registration District No. 991 — File No.

Township Third Creek — Primary Registration District No. 5419 — Registered No.

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

2. FULL NAME Wilhelmina Adlete Rudolph

(a) Residence, No. ..... 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. 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 wife of Herman Rudolph

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 13 1868

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
64	9	22	

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) Germany 10

FATHER

13. NAME x Griechen

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

MOTHER

15. MAIDEN NAME Wilhelmina Conrad

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

17. INFORMANT + Herman Rudolph (ADDRESS) Owensville

18. BURIAL, CREMATION, OR REMOVAL PLACE Woollam DATE Dec. 9 1932

19. UNDERTAKER W. F. Gottenstroeter (ADDRESS) Owensville Mo

20. FILED 12/8 1932 J. C. Price Registrar.

MEDICAL CERTIFICATE OF DEATH

1

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-6 1932

22. I HEREBY CERTIFY, That I attended deceased from 8-15 1931, to 12-6 1932

I last saw her alive on 12-6 1932 Death is said to have occurred on the date stated above, at 11 48 a.m. PM

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

Lukaemia

72A

Date of onset

Other contributory causes of importance:

72A

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? 1 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) Edw Mellies, M. D.

(Address) Owensville Mo