

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

27 1933
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.

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

Do not use this space.

4160
4903

1. PLACE OF DEATH

County Carroll
Township Boon
City Strammer (No. _____)

Registration District No. 93
Primary Registration District No. 4055

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

2. FULL NAME

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

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Wh. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Michael Widmier

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 15 1840

7. AGE YEARS 92 MONTHS 7 DAYS 8 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

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) Memphis Tenn

FATHER 13. NAME John

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

MOTHER 15. MAIDEN NAME Smith

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

17. INFORMANT Michael Smith (ADDRESS) Strammer Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Chillicothe DATE Feb. 25 1933

19. UNDERTAKER B. J. Neal (ADDRESS) Strammer Mo

20. FILED July 25 1933 H. H. Patterson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 23 1933

I HEREBY CERTIFY that I attended deceased from February 23 1933 to Feb 23 1933

I last saw him alive on February 19 1933 Death is said

to have occurred on the date stated above, at 2:30 a. m.

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

Chronic Myocarditis and Date of onset 1932
93C

Other contributory causes of importance:

Name of operation None Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? Yes

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? Home (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify Medical B. J. Neal, M. D.

(Signature) Praguer (Address) Mo.

1933-2-23
1440-7-15
8