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.

APR 24 1933

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

Do not use this space.

8712

File No.

Registered No. 8

1. PLACE OF DEATH

14 County Callaway Co Registration District No. 105

Township ~~[illegible]~~ Primary Registration District No. 5154

St Aubert (No. , St. Ward)

2. FULL NAME Carry Stuferman

(a) Residence, No. 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. 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 Louis Stuferman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sep-30-1869

7. AGE YEARS 63 MONTHS 5 DAYS 13 If LESS than 1 day, hrs. or min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home

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) Warrenton Mo.

FATHER

13. NAME August Wehmeyer

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

MOTHER

15. MAIDEN NAME Welhemena Wippenstein

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

17. INFORMANT (ADDRESS) Ramond Steifferman Mokane Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Mokane Cemetery DATE 3-15-33 19

19. UNDERTAKER (ADDRESS) C W Musgrove Mokane Mo.

20. FILED 3-15 1933 W H Williamson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-13-33 19

22. I HEREBY CERTIFY, That I attended deceased from 3-2, 1933, to 3-13, 1933.

I last saw him alive on 3-12, 1933. Death is said to have occurred on the date stated above, at 3:25 P.m.

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

	Date of onset
Acute Ascending Paralysis (Landry Paralysis) 81A	3-2-33

Other contributory causes of importance: None

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? 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) W H Williamson, M. D.

(Address)