

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

Do not use this space.

12162

1. PLACE OF DEATH

County Warren Registration District No. 884
Township 6th Primary Registration District No. 5176
City Marthasville Mo

File No. _____
Registered No. 9
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 6 miles north of Ward _____
(Usual place of abode) Marthasville Mo (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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Herman Schwegmann</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 22 1871</u>		
7. AGE	YEARS <u>61</u>	MONTHS <u>5</u>
	DAYS <u>11</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>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) (STATE OR COUNTRY) <u>Marthasville Missouri</u>		
FATHER	13. NAME <u>Herman Freese</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
MOTHER	15. MAIDEN NAME <u>Louise Niederjohann</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
17. INFORMANT (ADDRESS) <u>Herman Schwegmann Marthasville Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Ferne Buage Mo</u> DATE <u>Mar 9 1933</u>		
19. UNDERTAKER (ADDRESS) <u>Adeline Lichtenberg Marthasville Mo</u>		
20. FILED <u>Mar 7 1933</u> <u>T. R. Johnson</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 5 1933

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:
News body in capacity of laborer had accident death due to natural cause - some heart disease

Other contributory causes of importance:
95B - 95B

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) John R. Dyer M.D. Notary
(Address) North 1st Mo
John R. Dyer M.D. or over

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.

WHITE PLAIN, WITH UNFADING INK—THIS IS A PERMANENT RECORD

APR 24 1933

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