

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.

JUN 23 1933

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

Do not use this space.

17327  
13

**1. PLACE OF DEATH**

County Craig Registration District No. 641  
 Township Jackson Primary Registration District No. 5850  
 City (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Mary Woertemeyer  
 (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 <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>Conrad Woertemeyer</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 27 1854</u>		
7. AGE YEARS <u>78</u>	MONTHS <u>7</u>	DAYS <u>4</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House Keeper</u>		11. Total time (years) spent in this occupation
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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kaetztown Mo</u>		
FATHER	13. NAME <u>William Massman</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
MOTHER	15. MAIDEN NAME <u>Christine Weber</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
17. INFORMANT <u>Fred Woertemeyer</u> (ADDRESS) <u>Meta Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Kaetztown Mo</u> DATE <u>May 30 1933</u>		
19. UNDERTAKER <u>N. H. Strop</u> (ADDRESS) <u>Meta Mo</u>		
20. FILED <u>May 29 1933</u> <u>Robert Prater</u> Registrar.		

**4 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 28 1933

22. I HEREBY CERTIFY, That I attended deceased from December 27 1932, to May the 28 1933  
 I last saw her alive on May the 26 1933. Death is said to have occurred on the date stated above, at 7 o'clock.  
 The principal cause of death and related causes of importance were as follows:  
Heart disease  
Mitral regurgitation  
Arterio Sclerosis  
and Senility  
 Date of onset \_\_\_\_\_

Other contributory causes of importance:  
Arterio Sclerosis and Senility

Name of operation none 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) Henry C. Werner, M. D.  
 (Address) Meta Mo.

