

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

Do not use this space.

22145

1. PLACE OF DEATH

109 County Warren
Township Elkhart
City..... (No.....)

Registration District No. 881
Primary Registration District No. 6171

File No.....
Registered No. 18 St..... Ward.....

2. FULL NAME

Caroline Hollmann

(a) Residence, No..... St..... Ward.....
(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. (If nonresident, give city or town and State)

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>August Hollmann</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 15 - 1846</u>		
7. AGE YEARS <u>86</u>	MONTHS <u>6</u>	DAYS <u>14</u>
		If LESS than 1 day,hrs. ormin.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At Home</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>- - -</u>	
	10. Date deceased last worked at this occupation (month and year)	
		11. Total time (years) spent in this occupation

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 27, 1933

22. I HEREBY CERTIFY, that I attended deceased from June 21, 1933 to June 29, 1933
I last saw her alive on June 28, 1933. Death is said to have occurred on the date stated above, at 6 a.m.

The principal cause of death and related causes of importance were as follows:
Chronic Endocarditis, Mitral Regurgitation

Date of onset ?

Other contributory causes of importance:
92a 92a

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Warren Co., Missouri</u>
	13. NAME <u>Herman Vogt</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>
	15. MAIDEN NAME <u>Sophia Schulze</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>
17. INFORMANT (ADDRESS) <u>H. H. Hollmann, Warrenton, Mo</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Warrenton, Mo</u> DATE <u>7/1/33</u>	
19. UNDERTAKER (ADDRESS) <u>F. W. Milling, Warrenton, Mo</u>	
20. FILED <u>July 1, 1933</u> <u>A. W. Whiting</u> Registrar.	

Name of operation None Date of.....

What test confirmed diagnosis?..... Was there an autopsy? no

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? no
If so, specify.....
(Signed) W. A. Clarendon, M. D.
(Address) Warrenton City, Mo

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.

JUL 28 1933

