Dr. Hill

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

Do not use this space.

22651

1. PLACE OF DEATH

County Cole — Registration District No. 213 — File No. 167

Township — Primary Registration District No. 3014 — Registered No.

City Jefferson (No. , St. Ward)

2. FULL NAME Mrs. Amelia Vehlewald

(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 Vehlewald

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec-26-1865

7. AGE: YEARS 67 — MONTHS 6 — DAYS 17 — If LESS than 1 day, hrs. or min.

OCCUPATION

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): Germany

FATHER

13. NAME: Fritz Rettke
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER

15. MAIDEN NAME: ✓
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ✓

17. INFORMANT (ADDRESS): Louis Vehlewald, Jefferson City, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE: River View Cem. DATE: July-15-, 1933

19. UNDERTAKER (ADDRESS): Shorp J. Gordon, Jefferson City Mo.

20. FILED 7/15/33 W. Bedford, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 13, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 24, 1933, to July 13, 1933. I last saw her alive on July 13, 1933. Death is said to have occurred on the date stated above, at 8A m.

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

Myocarditis — Date of onset 1932

93C

93

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? Clinical — 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) Jas A. Hill, M. D.
(Address) Jefferson 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.

AUG 22 1933