

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

Do not use this space.

23976

1. PLACE OF DEATH
 County Osage Registration District No. 640
 Township Crawford Primary Registration District No. 5849
 City Caroline (No.) St. Ward

2. FULL NAME Caroline Asselmeyer
 (a) Residence, No. St. Ward
 (Usual place of abode)
 Length of residence in city or town where death occurred 82 yrs. mos. ds., How long in U. S., if of foreign birth? 82 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)** Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED
 HUSBAND OF Herman Asselmeyer
 (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb-25-1844

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
<u>89</u>	<u>4</u>	<u>6</u>	<u> </u>	<u> </u>

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

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) June 1933

11. Total time (years) spent in this occupation all life

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

13. NAME Fritz Asselmeyer

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

15. MAIDEN NAME Minnie Drabonhais

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

17. INFORMANT (ADDRESS) Henry Asselmeyer
Woodville Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Ryers Mo DATE July 2 1933

19. UNDERTAKER (ADDRESS) Martin T. Gebhardt
Woodville Mo

20. FILED July 2 1933 Mrs. Dove Jett
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 1 1933

22. I HEREBY CERTIFY That I attended deceased from July 1 1933 to July 1 1933
 I last saw him alive on July 1 1933 Death is said to have occurred on the date stated above, at 5 A. m.
 The principal cause of death and related causes of importance were as follows:
Heart Prostatation & old age.
 Other contributory causes of importance: Injured 7 years ago hit in back from never recovered.

Name of operation 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?
 If so, specify
 (Signed) T. H. Egbert, M. D.
 (Address) Ryers Mo

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.

105 8 1933

