

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

Do not use this space.

25744

1. PLACE OF DEATH

County Buchanan
Township _____
City St. Joseph, (No. 3021)

Registration District No. _____
Primary Registration District No. 1001
July

File No. _____
Registered No. 870
St. _____ Ward _____

2. FULL NAME Bettie L. Ziemendorf,

(a) Residence, No. 3021 July
(Usual place of abode)

St. _____ Ward _____
(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 51 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>Single,</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 17, 1862</u>		
7. AGE YEARS <u>70</u>	MONTHS <u>10</u>	DAYS <u>14</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>Stenographer</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>commission co.</u>
	10. Date deceased last worked at this occupation (month and year) <u>August 1933</u>
	11. Total time (years) spent in this occupation <u>51</u>

12. BIRTHPLACE (CITY OR TOWN) Richard County,
(STATE OR COUNTRY) Nebraska

FATHER	13. NAME <u>William Ziemendorf,</u>
	14. BIRTHPLACE (CITY OR TOWN) <u>Unknown,</u> (STATE OR COUNTRY) <u>Germany,</u>
	15. MAIDEN NAME <u>Margaritha Sprenger,</u>
	16. BIRTHPLACE (CITY OR TOWN) <u>Unknown,</u> (STATE OR COUNTRY) <u>Germany,</u>

17. INFORMANT Miss Emma Ziemendorf
(ADDRESS) 3021 1/2 mile street,

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Mora Cem. DATE Sept. 2, 1933

19. UNDERTAKER Heaton-Bugala-Harrison
(ADDRESS) 319 So. 10th St. Funeral Home

20. FILED SEP 1 1933
John R. Blader
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 31, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1933, to _____, 19____.

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 1:50 p.m.

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

Chronic Myocarditis Date of onset 93

Other contributory causes of importance no facts

Name of operation none Date of _____

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

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury _____, 19____.

Where did injury occur? none
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none

Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify James Thomas Coroner

(Signed) James Thomas Coroner
(Address) 8014 1/2

SEP 1 1933

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.

SEP 26 1933

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16
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