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.

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

Do not use this space.

27201

1. PLACE OF DEATH

County Osage — Registration District No. 642

Township Washington — Primary Registration District No. 5851

City Westphalia Mo. ..... St. ..... Ward)

File No. .....

Registered No. .....

2. FULL NAME Mary Desher

(a) Residence, No. At Home, Westphalia Mo. (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 85 yrs. – mos. – ds. How long in U. S., if of foreign birth? 85 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 (OR) WIFE OF Herman Desher deceased

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9/29, 1844

7. AGE: YEARS 88 — MONTHS 10 — DAYS 4 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

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

FATHER

13. NAME Henry Geo. Beersweyer

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

MOTHER

15. MAIDEN NAME Elizabeth Flüthmeyer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Foreign Country

17. INFORMANT (ADDRESS) Herman Desher

18. BURIAL, CREMATION, OR REMOVAL

PLACE Westphalia Cem. DATE Aug 7, 1933

19. UNDERTAKER (ADDRESS) John Horstdaniel Westphalia Mo.

20. FILED Aug 9, 1933 Mary L. Player Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 3, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 15th, 1933, to Aug 3rd, 1933

I last saw her alive on Aug 3, 1933 Death is said to have occurred on the date stated above, at 10.30 P.m.

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

Chronic Myocarditis and Arterio Sclerosis

Date of onset

Other contributory causes of importance:

Arthritis

Name of operation None 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) Conrad S. Verhoff, M. D.

(Address) Westphalia Mo.