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.

NOV 10 1933

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

Do not use this space.

File No. 32307

Registered No. 1068

Registration District No. 85

Primary Registration District No. 1001

1. PLACE OF DEATH
County: Buchanan
Township:
City: St.Joseph, (No. Missouri Metodist Hospital St. Ward)

2. FULL NAME: Carie Wehrman

(a) Residence, No. 921 Logan St. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Chris Wehrman

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

7. AGE: Years 67 | Months 10 | Days 5 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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): Berne, Switz.

FATHER

13. NAME: John Haehlen

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Berne, Switz.

MOTHER

15. MAIDEN NAME: Anna Miller

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Berne, Switz.

17. INFORMANT (ADDRESS): Mrs.Joseph Eggert 921 Logan St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Ashland Cemetery DATE: Nov, 2, 1933, 19

19. UNDERTAKER (ADDRESS): Walter Meierhoffer 1302 Faraon St. St.Joseph, Mo.

20. FILED: NOV 1 1933, 19 John R. Bender, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct, 31, 1933, 19

22. I HEREBY CERTIFY, That I attended deceased from Oct. 30, 1933, to Oct. 31, 1933

I last saw him alive on Oct. 31, 1933. Death is said to have occurred on the date stated above, at 4.10 P.M.

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

	Date of onset
Diabetes Mellitus	unknown
54	
Other contributory causes of importance:	
Diabetic Coma (incident)	Oct 30 1933

Name of operation: None Date of: —

What test confirmed diagnosis? Lab. & Ex. Was there an autopsy? yes

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) E. M. Shores, M. D.
(Address) Kirkpatrick Bldg, St.Joseph, Mo.