

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.

33792

1. PLACE OF DEATH

County Montgomery
Township Lauter
City (No.)

Registration District No. 597
Primary Registration District No. 4357 B
578

File No.
Registered No. 12
St. Ward

2. FULL NAME

Cena Oldringhoff

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

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 <u> </u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 15 1861</u>		
7. AGE	YEARS <u>71</u>	MONTHS <u>11</u>
	DAYS <u>15</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>Housekeeper</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>do</u>	
	10. Date deceased last worked at this occupation (month and year) <u>Oct 1931</u>	
11. Total time (years) spent in this occupation <u>life</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Montgomery Co mo</u>		
FATHER	13. NAME <u>Henry Oldringhoff</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
MOTHER	15. MAIDEN NAME <u>Amelia Hill</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Montgomery Co mo</u>	
17. INFORMANT (ADDRESS) <u>Ben Oldringhoff Rhine land mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Rhine land Centry Oct 4 1932</u>		
19. UNDERTAKER (ADDRESS) <u>Kottmeyer & Co Rhine land mo</u>		
20. FILED <u>Oct 4 1932</u> <u>O. R. Rauschelbach</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Sept 30 1933 to Oct 3 1933
I last saw him alive on Oct 3 1933. Death is said to have occurred on the date stated above, at 6:20 p.m.
The principal cause of death and related causes of importance were as follows:
Apoplexy
82A
97
Other contributory causes of importance: Arteria Sclerosis
Date of onset 10-3-33

23. 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 O. R. Rauschelbach, M. D.
(Signed) Rhine land mo
(Address)



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