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.

JAN 3 1934

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

Do not use this space.

35890

1. PLACE OF DEATH
County Cape Girardeau — Registration District No. 125 — File No.
Township — Primary Registration District No. 3009 — Registered No. 281
City Cape Girardeau (No. ..... St. ..... Ward)

2. FULL NAME Katharine Scherer Wilhelm
(a) Residence, No. Benton, Mo St., ... Ward. Benton Mo
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Andy Wilhelm

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 24th 1861

7. AGE: YEARS 72 — MONTHS 7 — DAYS 24 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Home Keeper
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: 52

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Scott County, Mo.

FATHER
13. NAME: John B. Scherer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER
15. MAIDEN NAME: May Francis Auch
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): John Wilhelm

18. BURIAL, CREMATION, OR REMOVAL
PLACE Benton Mo DATE 11/20 1933

19. UNDERTAKER (ADDRESS): J. F. Nunnelee, Blodgett Mo

20. FILED 11/20 1933 A C Kaufman Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov. 18th, 1933

22. I HEREBY CERTIFY, That I attended deceased from 11-14, 1933, to 11-18, 1933
I last saw her alive on 11-18, 1933. Death is said to have occurred on the date stated above, at 11-A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
93C	
162	
Myocarditis Ch	

Other contributory causes of importance:

Sinclair Nail

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

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) [signature], M. D.
(Address) Cape Girardeau Mo