

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

Do not use this space.

MAR 24 1934

**1. PLACE OF DEATH**

County Osage Registration District No. 642  
 70 Township Washington Primary Registration District No. 4386  
 6 City Westphalia Mo No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 2052-A  
 Registered No. \_\_\_\_\_

**2. FULL NAME**

Gertrude Hilkenmeyer  
 (a) Residence, No. Westphalia Mo Ward \_\_\_\_\_  
 (Usual place of abode) \_\_\_\_\_ (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 80 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) Widowed  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8/17, 1853

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
80 4 14

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home  
 10. Date deceased last worked at this occupation (month and year) Dec 24, 1933 11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Westphalia Mo

FATHER  
 13. NAME Bernard Westerman

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

MOTHER  
 15. MAIDEN NAME Ratie Vortmann

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Albert Hilkenmeyer  
Westphalia Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Westphalia Cem DATE Jan 4th 1934

19. UNDERTAKER (ADDRESS) By neighbors of deceased

20. FILED Jan 5 1934 Mary H. Payer Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 1st 1934

22. I HEREBY CERTIFY That I attended deceased from Jan 1, 1934, to \_\_\_\_\_, 19\_\_\_\_  
 I last saw him/her alive on Jan 1st, 1934 Death is said to have occurred on the date stated above, at 1:15 P.M.  
 The principal cause of death and related causes of importance were as follows:

Angina Pectoris  
9417  
 Other contributory causes of importance \_\_\_\_\_  
 Date of onset \_\_\_\_\_

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. Teckhoff, M. D.  
 (Address) Westphalia Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

3235

12

10

