

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

Do not use this space.

11728-A

**1. PLACE OF DEATH.**

County Washington  
Township Kingston  
City..... (No....., ..... St..... Ward)

Registration District No. 976  
Primary Registration District No. 6187

File No. 51  
Registered No. 50

**2. FULL NAME** Fannie Agnes Vilmar

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

**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 Frank Vilmar

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10/6/1882

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
51 4 13

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.  
10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

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

FATHER 13. NAME Godfrey Pratt  
14. BIRTHPLACE (CITY OR TOWN) Old Mines  
(STATE OR COUNTRY) MO.

MOTHER 15. MAIDEN NAME Mary Ellen Ackerson  
16. BIRTHPLACE (CITY OR TOWN) Old Mines  
(STATE OR COUNTRY) MO

17. INFORMANT Mrs. Wallace Bequett  
(ADDRESS) Cadet Mo. R. 1.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Oldmines Mo. DATE 3/20/34 19

19. UNDERTAKER J.B. Boyer & Son  
(ADDRESS) Potosi Mo.

20. FILED 8/9 1934 Chas. A. Marten  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/19/34 19

22. I HEREBY CERTIFY, That I attended deceased from 1-4 1934 to 3-19 1934  
I last saw h. or alive on 3-12 1934 Death is said to have occurred on the date stated above, at 1. P. M.  
The principal cause of death and related causes of importance were as follows:

apoplexy  
arterio-sclerosis  
Date of onset

(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) Jon. L. Thurman, M. D.  
(Address) Potosi, Mo.

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.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

AUG 16 1934

