APR 25 1934

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

Do not use this space.

13761

1. PLACE OF DEATH
County Perry
Township Brazeau
City ..... (No. ....., ..... St. ..... Ward)

Registration District No. 657
Primary Registration District No. 5874

File No. 13361
Registered No. 4

2. FULL NAME Mrs. Amalia Hellwege Frohna Mo.
(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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ferdinand Hellwege

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 2nd 1867

7. AGE YEARS 66 years MONTHS 8 DAYS 6 If LESS than 1 day, ..... hrs. or ..... min.

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. Home
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) Frohna Mo.

FATHER
13. NAME Johan Ross
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Gerstrant Distler
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Rudolf Hellwege Frohna Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Frohna Cemetery DATE April 10 - 1934

19. UNDERTAKER (ADDRESS) Tomey & Fenwick Perryville Mo.

20. FILED 4-9- 1934 Adolph G. Schmidt Registrar.

## 2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4 - 8 - , 1934

22. I HEREBY CERTIFY, That I attended deceased from 4 - 8 - , 1934, to 4 - 8 , 1934
I last saw her alive on 4 - 8 , 1934 Death is said to have occurred on the date stated above, at 12 35 0 m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Apoplexy | 4-8-34 |
| 82 | |
| 102 | |

Other contributory causes of importance:
High blood pressure

Name of operation None 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) G. A. Polisch, M. D.
(Address) Frohna, Mo.

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH
County Perry — Registration District No. 657 — File No.
Township Brazeau — Primary Registration District No. 5-874 — Registered No.
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Amelia Hellwigo (Frohna Mo)
(a) Residence, No. ..... St., ..... Ward. (If nonresident, give city or town and State)
(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.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) wid

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

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

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

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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)

FATHER
13. NAME
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE Cemetary Frohna Mo. DATE 4-10- 1934

19. UNDERTAKER (ADDRESS) Young & Fenwick Perryville Mo.

20. FILED ..... 19 Adolph G. Schmidt Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-8, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:
Apoplexy — Date of onset

Other contributory causes of importance:
due to cerebral hemorrhage

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) ....., M. D.
(Address) .....

SUPPLEMENTARY

S-13761