MAY 25 1934

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

Do not use this space.
13813

1. PLACE OF DEATH
County Pettis
Township Smithton
City ..... (No. ....., ... St. ..... Ward)

Registration District No. 669
Primary Registration District No. 5892

File No. 13813
Registered No. 5

2. FULL NAME Ida Caroline Bolte

(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 17 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 Chris Bolte (deceased)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 10-1877

7. AGE: YEARS 56 | MONTHS 3 | DAYS 23 | 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. .....
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) Chester Ill.

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

MOTHER
15. MAIDEN NAME Clara Bald
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lenzberg Ill

17. INFORMANT (ADDRESS) Mrs Geo Brennecke Smithton Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Smithton, Mo DATE Apr 5 1934

19. UNDERTAKER (ADDRESS) A. F. Neumeyer Smithton Mo

20. FILED 4-5 1934 Mrs J L Mousees Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-3-34, 19

22. I HEREBY CERTIFY, That I attended deceased from 1-23-34, 19 to 4-3-34, 19
I last saw her alive on 4-3-34, 19 Death is said to have occurred on the date stated above, at 8:30 p.m.
The principal cause of death and related causes of importance were as follows:

Streptococcus infection of Blood Stream — Date of onset 12 14

Other contributory causes of importance:
Ruptured Appendix

Name of operation Appendectomy Date of 1-23-34
What test confirmed Blood culture 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) E. E. Holtzen, M. D.
(Address) Smithton 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.