B.M M.D Died 8.15 5/26

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

Do not use this space.

16320

1. PLACE OF DEATH
County Franklin
Township Washington
City Washington (No. ..... St. ..... Ward)

Registration District No. 297
Primary Registration District No. 3016

File No. .....
Registered No. 49

2. FULL NAME Lydia Menzenwerth
(a) Residence, No. 618 West 5th Str, Washington, Mo. Ward.
(Usual place of abode)
(If nonresident, give city or town and State)
Length of residence in city or town where death occurred 61 yrs. 0 mos. 11 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 16 -1873

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
61	0	11	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeping
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housework
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) Washington Mo

FATHER
13. NAME Henry Menzenwerth 8
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Versmold Germany

MOTHER
15. MAIDEN NAME Katherine Klingsick
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Versmold Germany

17. INFORMANT (ADDRESS) Pauline, Menzenwerth-Sass Washington Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Washington Mo DATE 5/30 1934

19. UNDERTAKER (ADDRESS) Otto & Co Washington Mo

20. FILED May 29 - 1934 H. A. May Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 26, 1934

22. I HEREBY CERTIFY, That I attended deceased from March 27, 1930 to May 26, 1934, 19....
I last saw her alive on May 26, 1934. Death is said to have occurred on the date stated above, at 8:05 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chron. Interstitial Nephritis,	3-27-30

131
95B
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Other contributory causes of importance:
Acute Dilatation of Heart, 5-26-34

Name of operation ..... Date of .....
What test confirmed diagnosis? Laboratory 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) [signature], M. D.
(Address) Washington, 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.

JUN 21 1934

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