

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.

37
26
6
AUG 16 1934

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

Do not use this space.

1. PLACE OF DEATH

County Gasconade
Township Merriam
City Merriam (No. _____)

Registration District No. 303
Primary Registration District No. 4182

File No. 24056
Registered No. 26
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(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.
(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ☒		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 17-1853</u>		
7. AGE	YEARS	MONTHS
	<u>81</u>	<u>11</u>
		<u>11</u>
		IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housekeeper</u>	
	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) <u>Switzerland</u>		
MOTHER	13. NAME <u>Miscown</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Switzerland</u>	
	15. MAIDEN NAME <u>Miscown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Switzerland</u>	
17. INFORMANT <u>Mrs. Abbey Bohlfing</u> (ADDRESS) <u>Merriam, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Merriam City Cem.</u> DATE <u>7-15-34</u>		
19. UNDERTAKER <u>Hugo Blumert</u> (ADDRESS) <u>Merriam, Mo.</u>		
20. FILED <u>7-23</u> 19 <u>34</u> <u>Anna K. Riehoff</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 23 1934
22. I HEREBY CERTIFY, That I attended deceased from Jan 2 1934, to July 23 1934.
I last saw her alive on July 23 1934. Death is said to have occurred on the date stated above, at 12:30 P.M.
The principal cause of death and related causes of importance were as follows:
Chronic Endocarditis
1911
1911
1911
Other contributory causes of importance:
Heck Kurlbaum

Date of onset
July 22
1934
Death
crisis
305

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) H. G. Bohlfing M. D.
(Address) Merriam, Mo.

