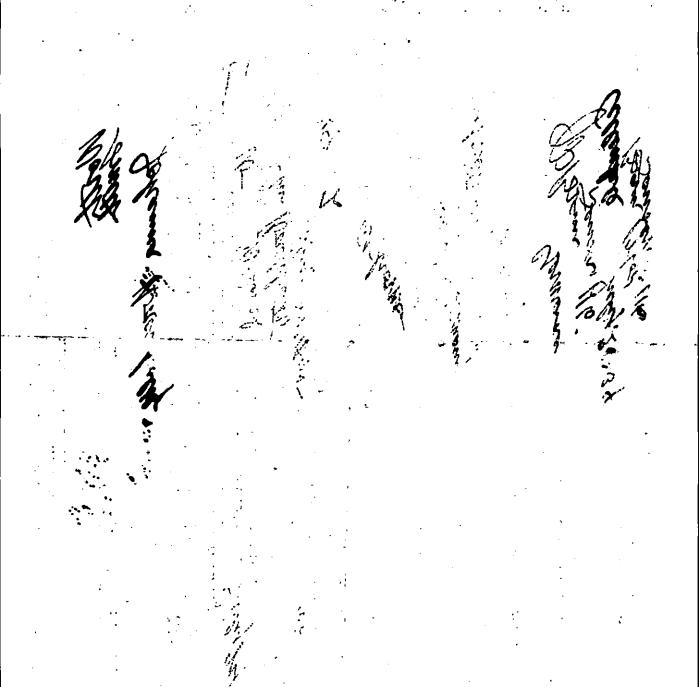
1. PLACE OF DENTH	· OLIVINO	ATE OF DEATH	28120
County		ふき ごめかおとしん	Ale No
City	(No		St. Ward
2. FULL NAME	in Amelika	Company of the second	
(a) Residence, No. Aller (Usual place of abode) Length of residence in city or town where of	eath occurred 70 yrs. mos.	Ward. (If nonrest ds. How long in U. S., if of foreign	ident, give city or town and State)
PERSONAL AND STATISTI		MEDICAL CERTIFI	
	. SINGLE, MARRIED, WIDOWED, OR	21. DATE OF DEATH (MONTH, DAY, AND YE	0 1 0-1
4 10	Divorced (write the word)	22./) I HEREBY CERTIF	
SA. IF MARRIED, WIDOWED, ON DIVORCED HUSBAND OF (OR) WIFE OF	achloreto	Jecker 7 ,19 4	July 24 ,19
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)	Var 24 1844	Mast saw h. T. alive on	70, at
7. AGE YEARS MONTHS	DAYS If LESS than 1 day,hrs.	The principal cause of death and related	
8. Trade, profession, or particular	or min.	ating offers	us heap!
kind of work done, as spinner, sawyer, bookkeeper, etc	107	rime enally	Lesens Druce
kind of work done, as spinner, sawyer, bookkeeper, etc	hore 43	3,	
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation	Other contributory causes of importance:	
12. BIRTHPLACE (CITY OR TOWN)	hulf	-)18-ce	
	Xleromania -		
IA BIRTHPLACE (CITY OR TOWN)	· So v processor ;	Name of operation	
(STATE OR COUNTRY)	rmany	23. If death was due to external causes (violence), fill in also the following:
15. MAIDEN NAME	O.	Accident, suicide, or homicide?	
O 16. BIRTHPLACE (CITY OR TOWN)	Termany	(Specify Specify whether injury occurred in industry	city or town, county, and State)
17. INFORMANT (ADDRESS)	-a 116	Manner of injury 2000	
18, BURIAL, MATION, OR REMOVAL	- July 2013	Nature of injury 2014	4
19. UNDERTAKER	How	24. Was disease or injury in any way rela	ted to occupation of deceased?
(ADDRESS)	7 100	(Signed)	W. W.
20. FILED July 36 , 1934 D.17	Tred Yrull	(Address)	



DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

E. T. McGaugh, M. D., Special Agent, Jefferson City, Mo.

WASHINGTON

Dear	Si	r	•

Warch

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Johanna Who died at	The life
Who died at	July 24 - 1934
Residence: No.	St.
NOSTGOROS. NO.	(If nonresident, city or town)
Length of residence in city or	•
town where death occurred:	Years Months Days
Sex Color or race	Single, married, widowed or diverced:
Date of birth	Age: Years 89 Months 2 Days
Occupation: (a) Trade, profess	sion, or (b) Industry or business in which
particular kind of work done,	as spinner, work was done, as silk mill,
*sawyer, bookkeeper, etc.	saw mill, bank, etc.
	at Home.
artenopel	erases heart completeleons
Date deceased last worked at th	is occupation: Month
Birthplace (State or country)	derninal preumonia
Birthplace of father (State or	country) Johan Breungeria
Birthplace of mother (State or	country) Olivania Schronice Many
Principal cause of death:	
Other contributeur course of im	portance
Vene of analytica	Pote of
Name of operation	Was there an autonou?
what test confirmed diagnosis:	was there an autopsy:
In death was due to external ca	nuses (violence) fill in also the following.
	Date of injury, 19
Where did injury occur?	(Specify city or town, county and State)
Specify whether injury occurred	l in <u>industry</u> , in <u>home</u> , or in <u>public</u> <u>place</u> .
Manner of injury	
Nature of injury	
Was disease or injury in any wa	y related to occupation of deceased?
If so, specify	
Name of physician	
Address of physician	mul m. D.
Signature of Registrary	Mull M. D. Date filed /for 7
This information is sought	for statistical purposes only and in order that the
	and correct. Please reply promptly using the en-
closed official envelope which	

Reg. Dist. No. 903

Prim ery Reg. Dist. No. 62 //

Very truly yours,

5-28/26

5-28120