

SEP 17 1934
MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Linn
 Township Marceline
 City Marceline (No.)

Registration District No. 502
 Primary Registration District No. 5668

File No. 29988
 Registered No. 27
 St. Ward

2. FULL NAME

(a) Residence, No. St. Ward
 (Usual place of abode)

Length of residence in city or town where death occurred 39 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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 18 1858

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>76</u>	<u>2</u>	<u>29</u>	

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. housewife
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) May, Waukegan
 (STATE OR COUNTRY) Illinois

FATHER 13. NAME Joseph Milte

14. BIRTHPLACE (CITY OR TOWN) Westphalia
 (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Catherine Thaloke

16. BIRTHPLACE (CITY OR TOWN) Westphalia
 (STATE OR COUNTRY) Germany

17. INFORMANT Herhard Ewigman
 (ADDRESS) Marceline Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Mt Killard DATE Aug 20 1934

19. UNDERTAKER Gas M Lang Blue
 (ADDRESS) Marceline Mo

20. FILED 8/20 1934 Oliver Barrett
 Registrar

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug-17-1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 1 1934, to Aug 17 1934
 last saw alive on Aug 17 1934. Death is said to have occurred on the date stated above, at 2:00 p.m.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis Date of onset Aug 12

 Other contributory causes of importance:
Hypertension
Arteriosclerosis

Name of operation Date of
 What test confirmed diagnosis? 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) M. L. Deussen, M. D.
 (Address) Marceline Mo

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

