

OCT 9 1934

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

Do not use this space.

1. PLACE OF DEATH

County

Registration District No.

213

Township

Primary Registration District No.

3014

City

No.

File No.

32315

Registered No.

279

St.

Ward

2. FULL NAME

(a) Residence, No.

(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.

Washington Park Ward.

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

4. COLOR OR RACE white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 6 - 1925

7. AGE YEARS 9 MONTHS 8 DAYS 11

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house girl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year) Jan 6 - 1925

11. Total time (years) spent in this occupation at home

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson City Mo

13. NAME Frank Lammert

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

15. MAIDEN NAME Getta Lammert

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT Frank Lammert

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peter's DATE Sept 17 34

19. UNDERTAKER (ADDRESS) Lammert

20. FILED 9/24/1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 17 34

22. I HEREBY CERTIFY, That I attended deceased from Sept 28, 1934 to Sept 17, 1934

I last saw h. alive on Sept 17, 1934 Death is said to have occurred on the date stated above, at 10 A. m.

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

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis: Widal 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) J. J. Zuer M. D.
(Address) Jefferson City 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.

