

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

Do not use this space.

38349

NOV 21 1934

1. PLACE OF DEATH

County Webster Registration District No. 897
Township Finley Primary Registration District No. 6101
City Seymour (No. _____) St. _____ Ward _____

File No. _____

Registered No. _____

2. FULL NAME

Amelia Fintelman
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 2 1/2 yrs. mos. 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 X

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 3 1902

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
32 5 28

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

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

10. Date deceased last worked at this occupation (month and year) 5 11. Total time (years) spent in this occupation X

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hubbard Iowa

13. NAME August Fintelman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sheboygan, Wisconsin

15. MAIDEN NAME Anna Becker

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

17. INFORMANT Edwin Price
(ADDRESS) R.F.D. - Seymour - Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Diggins Lutheran DATE Nov. 21, 1934

19. UNDERTAKER Tex Carney
(ADDRESS) Marshfield Missouri

20. FILED 10-31, 19 W.H. Bollinger
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-31, 1934

22. I HEREBY CERTIFY, That I attended deceased from March 2, 1934 to Oct 31, 1934

I last saw her alive on Oct 30, 1934 Death is said to have occurred on the date stated above, at 4:00 m.

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

Tuberculosis of Lungs
Date of onset _____
Other contributory causes of importance: none

Name of operation none Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? X

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? X 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 X
Nature of injury X

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify X
(Signed) W.H. Bollinger, M. D.
(Address) Seymour 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.

100-711-2-33

