DEC 12 1934

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

Do not use this space.

38588

1. PLACE OF DEATH
County Buchanan — Registration District No. 85 — File No.
Township — Primary Registration District No. 1001 — Registered No. 1265
City St. Joseph, Mo. (No. 2 Mo. Meth. Hosp. St. Ward)

2. FULL NAME Mrs. Nancy May Trauernicht
(a) Residence, No. (Usual place of abode) St. Ward. (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 3 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) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF Bert Trauernicht
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 11-1883
7. AGE YEARS 51 MONTHS 6 DAYS 6 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 54
10. Date deceased last worked at this occupation (month and year) 12
11. Total time (years) spent in this occupation 13

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Holt Co. Mo.

FATHER
13. NAME Jacob VanVickle
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Holt Co. Mo.

MOTHER
15. MAIDEN NAME Caroline Randall
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wilson Kentucky

17. INFORMANT (ADDRESS) Bert Trauernicht Fairfax, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE 100 F Cemetery Cra. DATE Nov. 19 1934
19. UNDERTAKER (ADDRESS) H H Schooler Fairfax, Mo.
20. FILED NOV 17 1934 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

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21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-17-1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 15, 1934, to Nov 17, 1934
I last saw h... alive on Nov 17, 1934. Death is said to have occurred on the date stated above, at 1:40 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Uterus Polyp - possibly c.a.	
Vesical Fistula	
Postoperative	—
B Pulmonary Embolism	Nov 17-34
A	
C	

Other contributory causes of importance: 50

Name of operation Hysterectomy & Cystectomy Date of Nov 15 34
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? No
If so, specify
(Signed) W F Schmid, M. D.
(Address) St Joseph Mo

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.

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