

DEC 18 1934

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

Do not use this space.

40087

1. PLACE OF DEATH

County Monroe
Township Walden
City California, Mo (No. _____)

Registration District No. 571
Primary Registration District No. 4335

File No. _____
Registered No. 52
St. _____ Ward)

2. FULL NAME

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

Length of residence in city or town where death occurred 31 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OF- (OR) WIFE OF <u>Jenny Hund</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 12, 1862</u>		
7. AGE	YEARS <u>82</u>	MONTHS <u>3</u>
	DAYS <u>2</u>	IF LESS than 1 day, _____ hrs. or _____ min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa.13. NAME Jacob Wolfgang14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa.15. MAIDEN NAME Sarah Swartz16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa.17. INFORMANT J. B. Wolfgang
(ADDRESS) of Beattie's house18. BURIAL, CREMATION, OR REMOVAL
PLACE Beattie, Kan. DATE Nov. 16, 193419. UNDERTAKER J. W. Wilson & Son
(ADDRESS) California, Mo.20. FILED 11-16 1934 H. R. Popjoy
Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 14, 1934

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h. For several alive on several, 19____. Death is said

to have occurred on the date stated above, at _____ m.

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

Arteriosclerosis Date of onset _____Angina Pectoris

Other contributory causes of importance _____

Name of operation _____ Date of _____

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? _____

If so, specify _____

(Signed) L. M. Gray, M. D.(Address) California, 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.

68-1-2

22. 91

