

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.

NOV 21 1934

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

Do not use this space.

1. PLACE OF DEATH

County Warren
Township Prinkney
City..... (No.....)

Registration District No. 681
Primary Registration District No. 6173

File No. 41752
Registered No. 3x
St. _____ Ward _____

2. FULL NAME

Herman H. Wehmer
(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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 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 Hensietta Wehmer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 27 1861

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>73</u>	<u>8</u>	<u>4</u>	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired from
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) 1929 11. Total time (years) spent in this occupation 45

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Warrenton mo

MOTHER
13. NAME August Wehmer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Warrenton mo

15. MAIDEN NAME Charlotte Wehmer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Warrenton mo

17. INFORMANT (ADDRESS) H. E. Wehmer
Hamburg mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Prinkney Cem DATE Nov 4 1934

19. UNDERTAKER (ADDRESS) H. Blum
Warrenton mo

20. FILED Nov 1 1934 A. W. Wehmer
Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 1 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 30 1934 to Nov 1 1934
I last saw him alive on Oct 31 1934 Death is said to have occurred on the date stated above, at 6:40 a.m.

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

NA 82a
Cerebral Hemorrhage
Paralytic Stroke
Other contributory causes of importance:
Arteriosclerosis

Name of operation none Date of _____
What test confirmed diagnosis? Chival 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? _____
If so, specify _____
(Signed) H. E. Wehmer, M. D.
(Address) Warrenton mo

THE
OFFICE OF THE
ATTORNEY GENERAL

STATE OF NEW YORK

IN SENATE,
January 10, 1911.

REPORT

OF THE

COMMISSIONERS OF THE LAND OFFICE

FOR THE YEAR ENDING DECEMBER 31, 1910.

ALBANY:

THE UNIVERSITY OF THE STATE OF NEW YORK, 1911.

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