

JAN 2 2 1935

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

Do not use this space.

45620

1. PLACE OF DEATH

County Warren Registration District No. 881
Township ~~Warren~~ Bridgeport Primary Registration District No. 6172
City _____ (No. _____, _____ Ward)

File No. _____
Registered No. 39
St. _____ Ward _____

2. FULL NAME Johannah Christina Kiderlen

(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? 7 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Edward Kiderlen

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 17th., 184

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
92 8 29

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hwf
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) _____ 11. Total time (years) spent in this occupation _____

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

13. NAME Gotlib Schubert

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

15. MAIDEN NAME Edona Koegler

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

17. INFORMANT Bertha Kiderlen (ADDRESS) Hickitrick, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Kiderlen Cemetery DATE 12/17/34

19. UNDERTAKER Hugo H. Blumer (ADDRESS) Hermann, Missouri

20. FILED Dec 16 1934 H. J. Rickard Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 15 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 3, 1933, to Dec 15, 1934
I last saw her alive on Dec 14, 1934. Death is said to have occurred on the date stated above, at 5 a. m.

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

Chronic Nephritis
Arterial Sclerosis
Date of onset Jan 3 1933

Other contributory causes of importance: _____

Name of operation None Date of _____
What test confirmed diagnosis? Urine Test 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. J. Rickard, M. D.
(Address) Hermann Mo.

WRITE PEANILY, 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.

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