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.

MAY 21 1935

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

Do not use this space.

11906

1. PLACE OF DEATH
County ~~Benton~~ Benton — Registration District No. 59 — File No.
Township [illegible] — Primary Registration District No. 4034 — Registered No. ~~26~~ 12
City Cole Camp (No. , St. Ward)

2. FULL NAME Mrs Maria Christine Bremer Harms
(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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: 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: William Harms
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 1-3-1873
7. AGE: 62 YEARS, 3 MONTHS, 14 DAYS. If LESS than 1 day, hrs. or min.

OCCUPATION
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.
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): Missouri

FATHER
13. NAME: Rev Henry Bremer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER
15. MAIDEN NAME: Maria Bohrman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St Louis Mo

17. INFORMANT (ADDRESS): Hannah Harms Cole Camp Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Tr. Lutheran Cem. DATE 4-20-1935, 19
19. UNDERTAKER (ADDRESS): E L Eickhoff Cole Camp Mo
20. FILED 4-18, 1935 Sue Selover Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-17-1935, 19

22. I HEREBY CERTIFY, That I attended deceased from 4-11-, 1935, to 4-17-, 1935
I last saw her alive on 4-17-, 1935. Death is said to have occurred on the date stated above, at 12:00 m. Noon
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	
Lobar	

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Clinical 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? No
If so, specify
(Signed) [illegible], M. D.
(Address) Cole Camp Mo