

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.

JUL 25 1935

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

Do not use this space.

20576

1. PLACE OF DEATH

County Osage Registration District No. 975
Township Washington Primary Registration District No. 5851-B
City Richmont (No. _____) St. _____ Ward _____

File No. _____
Registered No. 4

2. FULL NAME MATILDA JOSEPHINE HERTZING

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-14-1917

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
18 3 27

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-work

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) Richmont, Mo.

13. NAME Anton Hertzog

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Richmont, Mo.

15. MAIDEN NAME Matilda Lucke

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wirthatia, Mo.

17. INFORMANT (ADDRESS) Anton Hertzog, Richmont, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Richmont DATE June 14, 1935

19. UNDERTAKER (ADDRESS) Morton Funeral Home, Richmont, Mo.

20. FILED June 12, 1935 Walthome Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 11, 1935

22. I HEREBY CERTIFY That I attended deceased from June 4, 1935, to June 11, 1935.
I last saw him alive on June 11, 1935. Death is said to have occurred on the date stated above, at 5:30 P.M.
The principal cause of death and related causes of importance were as follows:

Pneumonia lobar Date of onset _____

Other contributory causes of importance: none

Name of operation none Date of none
What test confirmed diagnosis? symptom Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? none 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) A. J. Radnochen, M. D.
(Address) Greensburg, Mo.

