

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

Do not use this space.

SEP 25 1935

27262

1. PLACE OF DEATH *Pettis*  
 County *Sedalia* Registration District No. *668*  
 Township *Sedalia* Primary Registration District No. *3932* File No. *258*  
 City *Sedalia* (No. *Brotherhood Hosp.*) Registered No. *668* St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME *Flora Boltzner Rehmer*  
 (a) Residence, No. *Smithton* St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)  
 Length of residence in city or town where death occurred yrs. mos. *2* ds. *hospital* (If nonresident, give city or town and State)  
 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 OR (OR) WIFE OF *Rudy Rehmer*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *July 20-1908*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
*29 0 18*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housewife*  
 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) *Benton Co Missouri*

13. NAME *Aug Boltzner*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Morgan Co Missouri*

15. MAIDEN NAME *Lillie Dave*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Benton Co Missouri*

17. INFORMANT (ADDRESS) *Rudy Rehmer Smithton, MO*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Smithton MO* DATE *Aug 10, 1935*

19. UNDERTAKER (ADDRESS) *A. F. Nunniger Smithton MO*

20. FILED *Aug 16, 1935* *John Slack* Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Aug 8, 1935*  
 I HEREBY CERTIFY that I attended deceased from *June 8, 1935* to *Aug 8, 1935*  
 I last saw him alive on *9-9-35* 19\_\_\_\_ death is said to have occurred on the date stated above, at *6:30 P.M.*

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

*Acute Nephritis*  
*NO*  
 Other contributory causes of importance:  
*Gypharia*

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What 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? *No*  
 If so, specify \_\_\_\_\_  
 (Signed) *E. H. Nunniger* \_\_\_\_\_, M. D.  
 (Address) *Smithton MO*

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

