

OCT 28 1935

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

Do not use this space.

30502

1. PLACE OF DEATH  
County St. Francois Registration District No. 773  
Township St. Francois Primary Registration District No. 6018A  
Near City Farmington, Mo. (No. ....) St. .... Ward

File No. ....  
Registered No. 125

2. FULL NAME Wilhelmina Oermann  
(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) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William Oerman  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 28, 1871

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
	<u>63</u>	<u>11</u>	<u>15</u>	

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) Missouri

13. NAME Rudolph Bandermann

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

15. MAIDEN NAME Wilhelmina Aufterheid

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

17. INFORMANT Hospital Records  
(ADDRESS) Farmington, Mo.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Mt Hope, Mo. DATE 9-15 1935

19. UNDERTAKER Wm Carey & Co  
(ADDRESS) St. Clair, Mo.

20. FILED 9-13 1935 V. J. Robinson  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 18, 1935

22. I HEREBY CERTIFY, That I attended deceased from August 5, 1935 to Sept. 13, 1935  
I last saw h. er alive on Sept. 12, 1935 Death is said to have occurred on the date stated above, at 7:30 A.

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

Arteriosclerosis, generalized and marked, particularly cerebral  
Sclerosis Date of onset ?

Other contributory causes of importance:  
Bronchopneumonia, terminal 9/12/35  
Cerebral Arteriosclerotic Psychosis 1930

Name of operation none Date of .....  
What test confirmed diagnosis? Clinical Was there an autopsy? yes

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) C. C. Quits, M. D.  
(Address) Farmington, Mo.

WRITE PLAINLY, 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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