DEC 13 1935

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

Do not use this space.

35289

1. PLACE OF DEATH

County: Buchanan — Registration District No.: 82 — File No.: 89

Township: Washington — Primary Registration District No.: 5727 — Registered No.:

City: (No. Industrial City, Mo. St. Ward)

2. FULL NAME: Rebecca G. Wehrman

(a) Residence, No. Industrial City, Mo. St., Ward. (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Jules J. Wehrman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb, 4, 1845

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	90	9	3	

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): Hannibal, Ohio.

FATHER

13. NAME: Peter Anschultz

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Maryland.

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Unknown

17. INFORMANT (ADDRESS): Jules C. Wehrman Industrial City, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE: Elmwood Cemetery, Kansas City, Mo. for Cremation. DATE: Nov, 11, 1935

19. UNDERTAKER (ADDRESS): Walter Meinhoffer 1302 Faraon St. St. Joseph, Mo.

20. FILED: Nov 10, 1935 J. J. Bansbach Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov, 7, 1935, 19

22. I HEREBY CERTIFY, That I attended deceased from June 17, 1935, to Nov 7, 1935

I last saw her alive on Oct. 30, 1935. Death is said to have occurred on the date stated above, at 9.20 m. P.M.

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

Chronic Myocarditis — Date of onset: ?

Other contributory causes of importance: Age.

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) Leroi Beck, M. D.

(Address) King Hill Bldg. St. Joseph, Mo.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD