

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

Do not use this space.

JAN 17 1936

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1. PLACE OF DEATH

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22  
County Montgomery  
 Township Montgomery  
 City Montgomery (No. ....)

Registration District No. 592  
 Primary Registration District No. 43650

File No. ....  
 Registered No. 40  
 St. .... Ward)

2. FULL NAME Sophia M. Willi

(a) Residence, No. .... St. .... Ward.  
 (Usual place of abode) Life  
 Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

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 Herman Willi

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4/19/1852

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
83 8 7

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 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) Germany Schwendker

13. NAME Klan

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

15. MAIDEN NAME Mary Schwenker

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

17. INFORMANT Selma Willi  
 (ADDRESS) Montgomery City Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Montgomery C. C. DATE 12/27/35, 19...

19. UNDERTAKER C. W. Hopkins  
 (ADDRESS) Montgomery City Mo

20. FILED Dec. 27, 1935 Osull Menefee  
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/26/35, 19...

22. I HEREBY CERTIFY, That I attended deceased from July, 1934, to Dec. 26, 1935  
 I last saw him alive on Dec. 27, 1935 Death is said to have occurred on the date stated above, at 3:00 am

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

1. Nephritis; secondary, chronic  
2. Uremia  
3. Arteriosclerosis

Other contributory causes of importance:

Name of operation ..... Date of .....  
 What test confirmed diagnosis? Uro Lab 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) Osull Menefee, M. D.  
 (Address) Montgomery City 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.

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