

FEB 20 1936

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

Do not use this space.

2417

1. PLACE OF DEATH

County Perry
Township Chaque Homme
City _____ (No. _____)

Registration District No. 659
Primary Registration District No. 5876

File No. 21
Registered No. 21
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (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 Wm. Wintermeyer
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 27-1884
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ...hrs. or min.
81 6 27

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. !
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House Wife
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) Perry

13. NAME Albert Fossold

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

15. MAIDEN NAME Barbara Bergman

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

17. INFORMANT Henry Wintermeyer
(ADDRESS) Butte, A. T.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Longtown DATE Jan 26, 1936

19. UNDERTAKER Young & Son
(ADDRESS) Perry, Mo.

20. FILED Jan 25, 1936 Martin Markel
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 24, 1936

22. I HEREBY CERTIFY That I attended deceased from Jan 22, 1936, to Jan 23, 1936
I last saw her alive on Jan 23, 1936 Death is said to have occurred on the date stated above, at 12:15 A.
The principal cause of death and related causes of importance were as follows:
Infirmities of age Date of onset _____

Other contributory causes of importance:
Cold or Grippe

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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?
If so, specify _____
(Signed) E. B. Brown, M. D.
(Address) Old Appleton, Mo.

