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.

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

MAR 25 1936

Do not use this space.

7369

1. PLACE OF DEATH
County St. Charles Registration District No. 757 File No.
Township St. Charles Primary Registration District No. 3036 Registered No. 30
City St. Charles (No. St. Joseph's Hospital St. Ward)

2. FULL NAME Agnes I. Golterman
(a) Residence, No. Wentzville Mo St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred yrs. 1 mos. 20 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 Fred Golterman.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 27-1889

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
46	7	20	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home duties.
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) Wentzville, Mo.

FATHER
13. NAME John McCoy
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wentzville, Mo.

MOTHER
15. MAIDEN NAME Magie Thacker
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wentzville, Mo.

17. INFORMANT (ADDRESS) Fred Golterman, Wentzville, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Wentzville Mo DATE 2/23 1936

19. UNDERTAKER (ADDRESS) T. E. Pittman Wentzville Mo

20. FILED 2/20 1936 Clarence G. Wessler Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feby 20 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1935, to Feby 20, 1936
I last saw her alive on Feby 20, 1936. Death is said to have occurred on the date stated above, at 12 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Sarcoma of Uterus	
48	

Other contributory causes of importance:
(Recurrence after Hysterectomy last Sept. -35

Name of operation Hysterectomy Date of Sept 1-35
What test confirmed diagnosis? Biopsy 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) J. J. Tainter M. D.
(Address) 505 Clark St Charles Mo.

A.