

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

Do not use this space.

7454

1. PLACE OF DEATH

County

Township

City

*St. Gen.
The Seneca*

Registration District No.

Primary Registration District No.

(No.

788

6025

File No.

Registered No.

St.

Ward)

12

2. FULL NAME

(a) Residence, No.

(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.

Wilhelmena Harter

St.

Ward.

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Female

White

married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (or) WIFE OF

Fred Harter

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Dec 3 1878

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

57

2

19

OCCUPATION

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)

FATHER

13. NAME

Henry W Schaffes

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

Braunsbeck Germany

MOTHER

15. MAIDEN NAME

Barbara Smidt

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

New York

17. INFORMANT (ADDRESS)

*Henry Schaffes
2200 S. 1st St. Mo*

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Gene Mo

DATE

Feb 24 1936

19. UNDERTAKER (ADDRESS)

*Geo. C. Basler
See Seneca Mo*

20. FILED

Feb 23 1936 T.W. Douglas

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

2-22-1936

22. I HEREBY CERTIFY, That I attended deceased from

Feb 16 1936 to Feb 22 1936

I last saw him alive on

Feb 22 1936

Death is said

to have occurred on the date stated above, at

12:30 P.M.

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

Lobar Pneumonia

Date of onset

2/14/36

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? *Chemical* 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

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)

R. H. Lanning

M. D.

(Address)

Seneca, 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.

