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.

APR 14 1936

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

Do not use this space.

11323

1. PLACE OF DEATH

County Lafayette — Registration District No. 460 — File No.

Township Davis — Primary Registration District No. 4274 — Registered No. 35

City Higginsville, MO (No. ..... St. ..... Ward)

2. FULL NAME Mrs. Charlotte Wehrman

(a) Residence, No. ..... 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. 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)
F	W	Married-Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm. Wehrman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March-12-1847

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
89		12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-keeper

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) Alverdissen Lippe Detmold, Germany

FATHER

13. NAME ~~Fred~~ Winter

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

MOTHER

15. MAIDEN NAME Don't know

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

17. INFORMANT (ADDRESS) E. C. Wehrman Higginsville, MO

18. BURIAL, CREMATION, OR REMOVAL
PLACE Higginsville. DATE 3-25-1936

19. UNDERTAKER (ADDRESS) Hoefer & Meeushager Higginsville, MO

20. FILED Mch 25, 1936 W. C. Webb Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar- 23-1936

22. I HEREBY CERTIFY, That I attended deceased from several years, 19..., to Mar 23, 1936

I last saw her alive on Mar 23, 1936. Death is said to have occurred on the date stated above, at 10.45 a.m.

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

	Date of onset
Inanition	
93 d	

Other contributory causes of importance: Obstinate Constipation, Myocarditis

Name of operation No 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?~~ Higginsville Lafayette Co Mo (Specify city or town, county, and State)

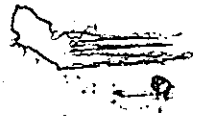
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) W. A. Brackleen, M. D.

(Address) Higginsville Mo