

MAY 25 1936

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

Do not use this space.

16324

114

1. PLACE OF DEATH

County PettisRegistration District No. 668Township SelmaPrimary Registration District No. 3032City SelmaFile No. 114Registered No. 668

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Smithton 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

male

4. COLOR OR RACE

white

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

widowed

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

Miss Flora Rehmer

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

June 14 * 1896

7. AGE

YEARS 39

MONTHS

9

DAYS

23

If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

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.

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)

Smithton MO

13. NAME

Fritz Rehmer

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

Germany

15. MAIDEN NAME

Katherine Weichow

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

Morgan CO MO

17. INFORMANT (ADDRESS)

Ernest Rehmer Florence

18. BURIAL, CREMATION, OR REMOVAL

PLACE Smithton MO DATE 4-10-1936

19. UNDERTAKER (ADDRESS)

A. F. Neumann Smithton MO

20. FILED

4-10-1936 Jean Slack Registrar

MEDICAL CERTIFICATE OF DEATH

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

4-7-3622. I HEREBY CERTIFY, That I attended deceased from 3-31-36 to 4-7-36I last saw him alive on 4-7-36 Death is said to have occurred on the date stated above, at 7:45 pm.

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

Date of onset

General peritonitis following ruptured appendix

Other contributory causes of importance:

Two days after resolution of lobar pneumonia

Name of operating physician

Respectfully Date of 4-6-36

What test corroborates 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? No

If so, specify

(Signed) E. Holzer, M. D.(Address) Smithton 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.

