

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.

JUN 22 1936

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

Do not use this space.

19893

1. PLACE OF DEATH

County Layayette Registration District No. 460
Township Dawson Primary Registration District No. 4274
City Jacksonville (No.) St. Ward)

File No.
Registered No.

2. FULL NAME

(a) Residence, No. 2016 Main St. / 1st Ward. Baden Germany
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 42 yrs. mos. 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) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF Dan B. Herd

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 28 1850

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
85 11 27

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) Germany

FATHER 13. NAME Martin Bretzmeier

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

MOTHER 15. MAIDEN NAME Mary Bretzmeier

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

17. INFORMANT Wm. Shubert Co.
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE Jacksonville DATE May 27 1936

19. UNDERTAKER Robert Meinhart
(ADDRESS) Jacksonville Mo.

20. FILED May 27 1936 W. B. Miller
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 26 1936

22. I HEREBY CERTIFY, That I attended deceased from May 23 1936 to May 25 1936
I last saw her alive on May 25 1936 Death is said to have occurred on the date stated above, at 5:30 A.M.

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

Date of onset 1936

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Pro. Indigo 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) W. K. Appertmeier M. D.
(Address) Jacksonville Mo.

