

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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

Do not use this space.

23955

JUL 25 1936

1. PLACE OF DEATH

County Randolph
Township Sugar Creek
City (No. City) (No. City) (No. City)

Registration District No. 735
Primary Registration District No. 3034
2970

File No. _____
Registered No. 134 St. _____ Ward _____

2. FULL NAME Vesta Kraemer

(a) Residence, No. _____ St. _____ Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

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 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 C. F. Kraemer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mch. 14th 1883

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
53 3 1

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

13. NAME Sam Wheeler

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

15. MAIDEN NAME Annie B Thompson

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

17. INFORMANT C. F. Kraemer (ADDRESS) Moberly Mo R.F.D

18. BURIAL, CREMATION, OR REMOVAL PLACE Sedalia Mo DATE 6-17th 1936

19. UNDERTAKER Mahan and Son (ADDRESS) Moberly Mo

20. FILED 6/17 1936 Virginia Walker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 15th 1936

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1936, to June 15, 1936

I last saw h. er alive on June 15, 1936. Death is said to have occurred on the date stated above, at 9²⁰ a. m.

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

Pulmonary tuberculosis Date of onset _____

Other contributory causes of importance:

Name of operation none Date of _____

What test confirmed diagnosis Physical exam 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) O. K. Magee, M. D. (Address) Moberly Mo

