OCT 21 1936

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

Do not use this space.

34092

1. PLACE OF DEATH
County Franklin — Registration District No. 300 — File No.
Township Lyon — Primary Registration District No. 5417 — Registered No. 15
City (No. St. Ward)

2. FULL NAME Unnamed Lohmeyer
(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 F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 21 1936
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or 30 min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
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) New Haven Mo

FATHER
13. NAME Fred Lohmeyer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lafe Ark

MOTHER
15. MAIDEN NAME Stella Althage
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Haven Mo

17. INFORMANT (ADDRESS) Fred Lohmeyer New Haven Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Fort Hudson Mo DATE 9-22 1936
19. UNDERTAKER (ADDRESS) Disposed by family
20. FILED 9-21 1936 G L Matthews Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 21 1936
22. I HEREBY CERTIFY, That I attended deceased from Sept 21 1936, to Sept 21 1936
I last saw her alive on Sept 21 1936. Death is said to have occurred on the date stated above, at 3:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Asphyxia Pallida	
[illegible]	

Other contributory causes of importance:

Name of operation None 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? (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) G L Matthews, M. D.
(Address) Beaufort, Mo

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.

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