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.

DEC 18 1936

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

Do not use this space.

1. PLACE OF DEATH

County Franklin — Registration District No. 297 — File No. 40915

Township — Primary Registration District No. 3016 — Registered No. 105

City Washington, Mo. (No. , St. Ward)

2. FULL NAME Wilhelmina Elizabeth Menzenwerth

(a) Residence, No. 201 E. 5th St., Washington, Mo. Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 66 yrs. 0 mos. 0 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)
Female	White	Widowed

5A. IF ~~MARRIED~~, WIDOWED, OR ~~DIVORCED~~ ~~HUSBAND OF~~ (OR) WIFE OF John Henry Menzenwerth

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 13, 1864

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	72	1	15	

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. Housework

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) Washington Missouri

FATHER

13. NAME Henry Mittendorf

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

MOTHER

15. MAIDEN NAME Mary Sewing

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Orleans Louisiana

17. INFORMANT (ADDRESS) Miss Elizabeth Menzenwerth 201 E. 5th St., Washington, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Washington, Mo. DATE November 11, 1936

19. UNDERTAKER (ADDRESS) Otto & Co., Washington, Mo.

20. FILED Nov. 10, 1936 H. C. May Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 8, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 5, 1923, to Nov 8, 1936
I last saw her alive on Nov 8, 1936. Death is said to have occurred on the date stated above, at 5:10 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of left breast	Jan 1931

50

Other contributory causes of importance:
Don't know

Name of operation none Date of —
What test confirmed diagnosis Clinical 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) R. R. Cutler, M. D.
(Address) Washington Mo.