

DEC 18 1936

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

Do not use this space.

40919

## 1. PLACE OF DEATH

County Gasconade  
Township Gasconade  
City Gasconade (No. 1)

Registration District No. 302  
Primary Registration District No. 4181

File No. 40919  
Registered No. 40919  
St. Gasconade Ward 1

## 2. FULL NAME

(a) Residence, No. Ida Leora Essmann St. Gasconade Ward 1  
(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) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-25-1872

7. AGE YEARS 64 MONTHS 7 DAYS 22 If LESS than 1 day, hrs. min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife

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) Marion Co Mo13. NAME Harrison John14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Phelps Co Mo15. MAIDEN NAME Mary James16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marion Co Mo17. INFORMANT Mrs Fred Kubits (ADDRESS) Bland Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Veradwan Cem DATE 11-19 1936

19. UNDERTAKER B. S. Hickliden (ADDRESS) Bella Mo20. FILED 11-19 1936 CA Bunge M.D. Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-17 193622. I HEREBY CERTIFY, That I attended deceased from 11-5 1936, to 11-17 1936I last saw him alive on 11-17 1936 Death is saidto have occurred on the date stated above, at 1 P. m.

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

Date of onset

Gastro-Intestitis120

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

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?

If so, specify

(Signed) CA Bunge M. D.(Address) Bland Mo

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

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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.

