

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.

JAN 29 1937

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

Do not use this space.

45319

1. PLACE OF DEATH  
 County Lafayette Registration District No. 460  
 Township ..... Primary Registration District No. 5623  
 City Corder (No. 4272) St. .... Ward)

2. FULL NAME Christena Holsten ~~Wolsten~~  
 (a) Residence, No. Corder Mo. St. .... Ward. ....  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred many years 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) Widowed

5A. ~~MARRIED, WIDOWED, OR DIVORCED~~  
 HUSBAND OF Of Jacob Holsten  
 WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct-29-1860

7. AGE YEARS 75 MONTHS ..... DAYS 10 If LESS than 1 day, ..... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc. Housekeeper

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

MOTHER FATHER

13. NAME Don't know Wichern

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

15. MAIDEN NAME Christena Metel Don't know

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

17. INFORMANT Mrs. Geo. Schreier  
 (ADDRESS) Corder, MO.

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Corder Mo. DATE 12-11-1936

19. UNDERTAKER Heifer & Meinertshagen  
 (ADDRESS) Higginsville

20. FILED Dec 14 1936 W. C. Webb  
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-9-1936 19 .....

22. I HEREBY CERTIFY, That I attended deceased from Dec 8, 1936 to Dec 8, 1936  
 I last saw her alive on Dec 8, 1936. Death is said to have occurred on the date stated above, at 9 a.  
 The principal cause of death and related causes of importance were as follows:

	Date of onset
<u>Influenza</u>	<u>12-1-36</u>
<u>Broncho-pneumonia</u>	<u>12-9-36</u>
<u>Auricular fibrillation</u>	<u>12-8-36</u>

Other contributory causes of importance  
no

Name of operation ..... 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 Andrew P. Johnston, M. D.  
 (Signed) Corder, Mo  
 (Address) .....

