FEB 19 1937

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

Do not use this space.

File No. 2711

Registered No. 12

1. PLACE OF DEATH

County Randolph — Registration District No. 735

Township — Primary Registration District No. 3234

City Moberly (No. 914 Moulton St. Ward)

2. FULL NAME Ida C Wassmuth

(a) Residence, No. 914 Moulton 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry Wassmuth

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 1st 1870

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
66	3	13	

OCCUPATION

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) Germany

FATHER

13. NAME Peter Jessen

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

MOTHER

15. MAIDEN NAME Matilda Jessen

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

17. INFORMANT Hilda Wasmuth
(ADDRESS) Moberly Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Moberly Mo DATE Jan 17th 1937

19. UNDERTAKER Mahan and Son
(ADDRESS) Moberly, Mo

20. FILED 4/17 1937 Virginia Walker
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 14th 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 14th 1937, 19..., to Jan 14th 1937, 19...

I last saw her alive on Jan 14th 1937, 19... Death is said to have occurred on the date stated above, at 11 30 p.m.

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

	Date of onset
Coronary Thrombosis	Sudden

Other contributory causes of importance: Arterio sclerosis

Name of operation None Date of

What test confirmed diagnosis? Clicinal 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? NON

If so, specify

(Signed) Thos. S. Fleming, M. D.

(Address) Moberly, 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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