

WRITE PLAINLY. WITH **NON-FADING 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.

FEB 23 1937

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

Do not use this space.

4728

1. PLACE OF DEATH

County Vernon Registration District No. 875
Township Washington Primary Registration District No. 6163
City Neucha (No. 117) St. _____ Ward _____

File No. _____
Registered No. 37

2. FULL NAME M. Thilde M. Lemmartz

(a) Residence, No. 149 St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred yrs. 11 mos. _____ ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>12</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Divorced</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 30 - 1875</u>				
7. AGE	YEARS <u>61</u>	MONTHS <u>2</u>	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc.			
	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) Effingham Co. Ill.

13. NAME Martina Heunemann

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clayton Co. Ill.

15. MAIDEN NAME Rosina Lautel

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

17. INFORMANT Has record

18. BURIAL, CREMATION, OR REMOVAL PLACE Mattoon Mo. DATE 2/1 - 1937

19. UNDERTAKER J. J. ... (ADDRESS)

20. FILED 2-1 1937 M. Eschinger Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 30 1937

22. I HEREBY CERTIFY That I attended deceased from Feb 25 1936, to Jan 30 1937

I last saw her alive on Jan 29 1937. Death is said to have occurred on the date stated above, at 3:30 A. m.

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

Metastatic carcinoma of the liver with pneumonia

Date of case? _____
P

Other contributory causes of importance: Carcinoma of breast with radical amputation 2 1/2 yrs ago

Name of operation _____ Date of _____
What test confirmed diagnosis? autopsy. Was there an autopsy? yes

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) F. D. Martini, M. D.
(Address) Nevada Mo.

