FEB 19 1937

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

Do not use this space.

File No. 5816

Registered No.

1. PLACE OF DEATH
County: Franklin — Registration District No. 295
Township: Meramec — Primary Registration District No. 3211 D
City: Sullivan — No. ..... St. ..... Ward)

2. FULL NAME: Martha M. Wedemeyer

(a) Residence, No. ..... St., ... Ward ..... (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred: 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED
~~HUSBAND OF~~ (OR) WIFE OF: Henry H. Wedemeyer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 14, 1858

7. AGE: Years 78 — Months 7 — Days 27 — If LESS than 1 day, ... hrs. or ..... min.

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.: Home
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): Phelps County, Mo.

FATHER
13. NAME: Minks
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) .....

17. INFORMANT: C. E. Randleman
(ADDRESS): Stanton, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Stanton — DATE: Feb. 9, 1937

19. UNDERTAKER: Linstromberg & Co.
(ADDRESS): Rosebud, Mo.

20. FILED: Feb 9, 1937 — C. R. Rowden, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb. 8, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 5, 1937, to Feb. 8, 1937, I last saw him alive on Feb. 7, 1937. Death is said to have occurred on the date stated above, at 1:30 A.m.

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

	Date of onset
Pneumonia	Feb 4, 1937
Lobar.	

Other contributory causes of importance: 18

Name of operation ..... Date of .....
What test confirmed diagnosis: physical. 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. P. Rogers, M. D.
(Address) Sullivan, Mo.

N. B.—Every item of information should be carefully supplied. Write plainly in ink. Use Italics. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.