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.

APR 15 1937

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

Do not use this space.

1. PLACE OF DEATH

County: Buchanan — Registration District No. 85 — File No. 11236

Township: — Primary Registration District No. 1001 — Registered No. 347

City: St. Joseph, (No. 1122 Ridenbaugh St. St. Ward)

2. FULL NAME Sarah Agnes Timmerman

(a) Residence, No. 1122 Ridenbaugh St. St., Ward. (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 25 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	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: John H. Timmerman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Apr, 7, 1853

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	83	11	#9	

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): Waynesbarre, Penn.

FATHER

13. NAME: David Wertz

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Franklin Co, Penn.

MOTHER

15. MAIDEN NAME: Elizabeth Fisher

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Franklin Co, Penn.

17. INFORMANT (ADDRESS): W. O. Timmerman, 1122 Ridenbaugh St.

18. BURIAL, CREMATION, OR REMOVAL

PLACE: Falls City, Nebraska DATE: Mar, 18, 1937, 19

19. UNDERTAKER (ADDRESS): Walter Meinhoffer, 1302 Faraon St. St. Joseph, Mo.

20. FILED: 3-18, 1937 H. J. Nestlebush, By J. C. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Mar, 16, 1937, 19

22. I HEREBY CERTIFY, That I attended deceased from March 6, 1937, to March 16, 1937

I last saw her alive on March 11, 1937. Death is said to have occurred on the date stated above, at 1.50 m. P.M.

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

	Date of onset
Myo-Carditis-chronic	(?)
Heart Disease-arteriosclerotic	(?)
93c	

Other contributory causes of importance:

Arteriosclerosis general	(?)

Name of operation: None Date of: —

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no 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) H. W. Carle, M. D.

(Address) Phys. & Surg. Bldg., St. Joseph, Mo.