

APR 16 1937

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

Do not use this space.

1. PLACE OF DEATH

County *Callaway*
Township *St. Aubert*
City (No. _____) _____ St. _____ Ward _____

Registration District No. *105*
Primary Registration District No. *5154*

File No. *11400*
Registered No. *8*

2. FULL NAME

Lena Johanna Antenuith

(a) Residence, No. _____ 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

MEDICAL CERTIFICATE OF DEATH

3. SEX *Female* 4. COLOR OR RACE *white* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *married*

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Julien Antenuith*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *3-23-1888*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
58 11 19

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.

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) *Minnesota*

13. NAME *John Gehring*

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

15. MAIDEN NAME *Johanna Komers*

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

17. INFORMANT (ADDRESS) *Julien Antenuith*
R. 4 Makona Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE *Rebelle* DATE *Mar. 6 1937*

19. UNDERTAKER (ADDRESS) *Glen Y. Maupin*
Makona Mo.

20. FILED *3/16/37* *W. H. Williamson*
Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *March 4, 1937*

22. I HEREBY CERTIFY, That I attended deceased from *Feb 24*, 19*37*, to *3-4*, 19*37*

I last saw him/her alive on *3-4*, 19*37* Death is said to have occurred on the date stated above, at *11 a.* m.

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

Influenza + Pneumonia Date of onset _____

Other contributory causes of importance: *131*
Hepatitis (Chronic) sym

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

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) *W. H. Williamson*, M. D.
(Address) *R. 76 (Fulton, Mo.)*

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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