

APR 22 1937

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

Do not use this space.

1. PLACE OF DEATH

County Marion
Township Miller
City Rensselaer, Mo. (No. _____)

Registration District No. 547 5137
Primary Registration District No. 3079

File No. 12614
Registered No. 104
St. _____ Ward _____

2. FULL NAME Nannie Stoltz

(a) Residence, No. Rensselaer, Mo. 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Louis Stoltz</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 11, 1866</u>		
7. AGE YEARS <u>70</u>	MONTHS <u>10</u>	DAYS <u>8</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		
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) <u>Hanover, Indiana</u>		
FATHER	13. NAME <u>Chas Metzger</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
MOTHER	15. MAIDEN NAME <u>Mary Wesel</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
17. INFORMANT <u>Mr Charles Stoltz</u> (ADDRESS) <u>Rensselaer Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Frank View Burial Park</u> DATE <u>March 21, 1937</u>		
19. UNDERTAKER <u>James O'Donnell</u> (ADDRESS) <u>Hammond, Mo</u>		
20. FILED <u>3/22 37</u> <u>St. O. Fisher</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 19, 193722. I HEREBY CERTIFY, That I attended deceased from Feb 15, 37, to March 19, 37I last saw her alive on March 19, 1937. Death is saidto have occurred on the date stated above, at 8:25 A.m.

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

Date of onset

Multiple lung abscesses

Other contributory causes of importance:

Chronic myocarditis
sensitized

Name of operation _____ Date of _____

What test confirmed diagnosis? Clot 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) J. P. Richman, M. D.(Address) 1001 P. O. Box 1001

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