

MAY 18 1937

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

Do not use this space.

1. PLACE OF DEATH

19 County *Cass*Registration District No. *156*File No. *15985*

8 Township

Primary Registration District No. *4090*

Registered No. _____

2 City *Harrisville*

St. _____

Ward _____

2. FULL NAME *Harriet Bemmer*

(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 *8* 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*) *widow*5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Peter Bemmer*6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Dec 18-1854*7. AGE *83*YEARS *82*MONTHS *3*DAYS *25*

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *House Maker*

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) *Indiana*

MOTHER FATHER

13. NAME *John Wilkerson*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

15. MAIDEN NAME *Maria Gattinger*16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Maryland*17. INFORMANT (ADDRESS) *May Anderson*

18. BURIAL, CREMATION, OR REMOVAL

PLACE *Brady county* DATE *4/15 1937*19. UNDERTAKER (ADDRESS) *Bemmer Bros*20. FILED *Apr 14 1937*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *April 13 1937*22. I HEREBY CERTIFY, That I attended deceased from *March 15 1937* to *April 13 1937*I last saw him alive on *April 12 1937* Death is saidto have occurred on the date stated above, at *6:30 P.M.*

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

*Chronic Myocarditis
Chronic Nephritis
with Arterial Sclerosis*

Date of onset

Other contributory causes of importance: *131*

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) *J. M. Scott*(Address) *Harrisville, Mo.*

M. D.

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.

