

MAY 19 1937

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

Do not use this space.

1. PLACE OF DEATH

2 County Cale Registration District No. 214
 2 Township Russellville Primary Registration District No. 4130
 1 City Russellville (No. _____) St. _____ Ward _____

File No. 16137

Registered No. 7

St. _____ Ward _____

2. FULL NAME

Mrs. Emma Kuettermeyer
 (a) Residence, No. Russellville, Mo. Ward _____ (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? 87 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 Fred Kuettermeyer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 19 1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
81 8 24

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife

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) Germany13. NAME Charles Lincinhardt14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany15. MAIDEN NAME Magdalene Ungmeyer16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany17. INFORMANT (ADDRESS) John Smith, Russellville, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Russellville, Mo. April 16, 193719. UNDERTAKER (ADDRESS) W. H. Schaubert, Russellville, Mo.20. FILED April 15, 1937 Mrs. Mabel Barber

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 13 1937

22. I HEREBY CERTIFY, that I attended deceased from April 5, 1937 19... to April 13, 1937, 19...
 I last saw h. or alive on April 13, 1937, 19... Death is said

to have occurred on the date stated above, 10:15 P. m.
 The principal cause of death and related causes of importance were as follows:

Duodenal Ulcer

Date of onset

Indefinite

Other contributory causes of importance:

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 Walter L. Lister

(Signed) _____, M. D.

(Address) Russellville, Mo.

