

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.

MAY 31 1937

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

Do not use this space.

17336

1. PLACE OF DEATH

County *Cuyamaca*
Township *Juniata*
City (No.)

Registration District No. *721*
Primary Registration District No. *3452*

File No. *17336*
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Ida Ellen Wessel

(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

3. SEX *Female*
4. COLOR OR RACE *W.*
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *M.*
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Frank Wessel*
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Sept 23-1865*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
71 8 1

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

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 *life*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mo. P. v. man. Co.*

MOTHER FATHER 13. NAME *James Faulner*

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

15. MAIDEN NAME *Nancy Hausman*

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

17. INFORMANT *Marie J. Davis*

18. BURIAL, CREMATION, OR REMOVAL

PLACE *Rep. Cem.* DATE *April 25 1937*

19. UNDERTAKER *F. D. Kystal & Son*

20. FILED *April 25 1937 G. W. Gilliner Registrar.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *4-24-1937*

22. I HEREBY CERTIFY, That I attended deceased from *4-22-1937* to *4-24-1937*
I last saw her alive on *4-22-1937*. Death is said to have occurred on the date stated above, at *8:14* a.m.
The principal cause of death and related causes of importance were as follows:

Acute Myocarditis Date of onset _____
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? *no*
If so, specify _____
(Signed) *P. H. Hart*, M. D.
(Address) *Coatsville Mo.*

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