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

Do not use this space.

19963

1. PLACE OF DEATH
County Franklin
Township
City Washington, Mo. (No. , St. Ward)

Registration District No. 297
Primary Registration District No. 3016

File No.
Registered No. 37

2. FULL NAME Johanna Katherine Wilke

(a) Residence, No. Pottery Road, Washington, 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 79 yrs. 7 mos. 10 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): Widowed

5A. IF ~~MARRIED, WIDOWED, OR DIVORCED~~ ~~HUSBAND OF~~ (OR) WIFE OF William Wilke

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 30, 1846

7. AGE: Years 90 | Months 7 | Days 20 | If LESS than 1 day, ....hrs. or ....min.

OCCUPATION
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. Housework
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) Westphalia Germany

FATHER
13. NAME Franz Baumhoefer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known Germany

MOTHER
15. MAIDEN NAME Not known
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known Germany

17. INFORMANT William Wilke
(ADDRESS) Pottery Road, Washington, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Washington, Mo. DATE April 22, 1937

19. UNDERTAKER Otto & Co.
(ADDRESS) Washington, Mo.

20. FILED Apr. 22, 1937 N. A. May Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 20 - 1937

22. I HEREBY CERTIFY, That I attended deceased from April 14 - 1937, to April 20 - 1937
I last saw her alive on April 20 - 1937. Death is said to have occurred on the date stated above, at 3:30 P. m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Apoplexy (Cerebral hemorrhage) | Apr. 14-37 |
| | |
| | |
| | |
| | |

Other contributory causes of importance:

| | |
|---|---|
| Chronic Endocarditis | unknown |
| Arteriosclerosis | unknown |
| | |

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No.

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) N. A. May, M. D.
(Address) Washington, Mo.