

JUL 29 1937

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

Do not use this space.

1. PLACE OF DEATH

County Johnson
Township Simpson
City (No. _____) _____ St. _____ Ward _____

Registration District No. 431
Primary Registration District No. 5595

File No. 24082
Registered No. 67

2. FULL NAME Christine Nildebrand

(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Herman Nildebrand</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar-31-1884</u>		
7. AGE	YEARS <u>53</u>	MONTHS <u>2</u>
	DAYS <u>14</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as planer, 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	
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lafayette Co. Missouri</u>	
	13. NAME <u>Nery Steljes</u>	
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
	15. MAIDEN NAME <u>Louise Stuebke</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lafayette Co. Missouri</u>	
17. INFORMANT (ADDRESS) <u>Herman Nildebrand Concordia Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Charles Lutheran Cemetery Concordia Mo</u> DATE <u>June-17-37</u>		
19. UNDERTAKER (ADDRESS) <u>N. F. Deussen Concordia Mo</u>		
20. FILED <u>June 17, 1937</u> <u>Erna Bentley</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June-15-1937

22. I HEREBY CERTIFY that I attended deceased from March 10, 1937, to June 15, 1937

I last saw her alive on June 12, 1937 Death is said to have occurred on the date stated above, at 4:10 A.M.

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

Cerebral Hemorrhage
66 B
Other contributory causes of importance:
Graves Hypertrophism

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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) H. F. Johnston _____ M. D.
(Address) Concordia

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.

