

AUG 18 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

26558

1. PLACE OF DEATH

County Audrain
 Township Southwestern
 City Mexico Mo

Registration District No. 26
 Primary Registration District No. 3002
 (No. Audrain Hospital)

File No. 99
 Registered No. 99
 St. 26 Ward

2. FULL NAME Walter Fred Kammeyer

(a) Residence, No. 1515 Southwestern Ave. St. 26 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? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
 HUSBAND OF Dovie Anne Kammeyer
 (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 5, 1882

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ... hrs. or min.
54 11 5

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Green Brick Plant
 10. Date deceased last worked at this occupation (month and year) July 9, 37 11. Total time (years) spent in this occupation 1 yr

12. BIRTHPLACE (CITY OR TOWN) Arrow Rock
 (STATE OR COUNTRY) Mo.

13. NAME Louis Kammeyer

14. BIRTHPLACE (CITY OR TOWN) Arrow Rock
 (STATE OR COUNTRY) Mo.

15. MAIDEN NAME Johanna Duevall

16. BIRTHPLACE (CITY OR TOWN) Arrow Rock
 (STATE OR COUNTRY) Mo.

17. INFORMANT Mrs. Walter F. Kammeyer
 (ADDRESS) 1515 Southwestern Ave.

18. BURIAL, CREMATION, OR REMOVAL
Arrow Rock, Mo. DATE July 12 1937
 PLACE DATE

19. UNDERTAKER H.A. Precht & Son
 (ADDRESS) Mexico, Mo.

20. FILED July 12, 1937 Blanche Reely
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 10, 1937

22. I HEREBY CERTIFY, That I attended deceased from
, 19....., to, 19.....

I last saw h..... alive on, 19..... Death is said
 to have occurred on the date stated above, at 6:45 p.m.

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

Coroners Case
Came to his death of
Remembrance of the
Brain.
Jury Verdict
 Other contributory causes of importance:

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 7

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify

(Signed) B.M. Marlow Marlow
 (Address) Coroners Co Mo

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.

RECORD THIS IS A PERMANENT RECORD

