

NOV 19 1937

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

Do not use this space.

1. PLACE OF DEATH

County Marion
Township Liberty
City Palmyra (No.)

Registration District No. 548.
Primary Registration District No. 4323.

File No. 38224
Registered No. 46. St. Ward)

2. FULL NAME

Sophia Katherine Hoenes

(a) Residence, No. Palmyra, Mo. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

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

Charley Hoenes

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

Oct. 19, 1879

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

58

0

12

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.

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)

Germany

13. NAME

Christian Klenk

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

Germany

15. MAIDEN NAME

Katherine Muntz

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

Germany

17. INFORMANT (ADDRESS)

Mrs. Paul Kaden

Palmyra, Mo. Greenwood Cem.

18. BURIAL, CREMATION, OR REMOVAL PLACE

Palmyra, Mo. DATE 11/4/37

19. UNDERTAKER (ADDRESS)

Lewis Bros

Palmyra, Mo.

20. FILED

Nov 20, 1937 Gertrude Lee Registrar.

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

Nov. 1, 1937

22. I HEREBY CERTIFY That I attended deceased from

Aug 1st, 1935, to Nov. 1st, 1937

I last saw her alive on Nov 1st, 1937. Death is said

to have occurred on the date stated above, at 11:45 p/m

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

Diabetes mellitus

Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? Laboratory 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) Dr. W. C. O'Neal, M. D.

(Address) Palmyra Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

