NOV 22 1937

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

Do not use this space.

288
38447

1. PLACE OF DEATH
County: Pettis
Registration District No.: 168
Township:
Primary Registration District No.: 3232
City: Sedalia (No. Bothwell Hosp. St. Ward)

File No.: 284
Registered No.: 648

2. FULL NAME: Mathilda Warnke

(a) Residence, No.: Stover 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: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: H. C. Warnke

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan. 9 - 1871

7. AGE: Years 66 Months 8 Days 2 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.:
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): Morgan Co. Mo.

FATHER
13. NAME: J. J. Luetjen
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER
15. MAIDEN NAME: Rebecca Wahlfas
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): H. C. Warnke Stover, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Stover Cem. DATE: Sept 14 1937

19. UNDERTAKER (ADDRESS): C. A. Rapp & Son Stover Mo.

20. FILED: 10-9- 1937 Jean Slack Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept 11th 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 25, 1937 to Sept 11th, 1937
I last saw her alive on Sept 11, 1937. Death is said to have occurred on the date stated above, at 7 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Operation of large ventral hernia with extensive adhesions followed by thrombosis of femoral veins	

Other contributory causes of importance:
Myocarditis with hypertensive

Name of operation: Ventral hernia Date of: 8-28-37
What test confirmed diagnosis? Hyperca 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) Loyd Bolling, M. D.
(Address) Sedalia Mo.

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