

DEC 17 1937

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

Do not use this space.

41371

1. PLACE OF DEATH

County HenryRegistration District No. 14211

Township

Primary Registration District No. 27

City

Windsor(No. 27)

St.

Ward)

2. FULL NAME

Mrs Martha Friederichs

(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

Female

4. COLOR OR RACE

White5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)WIDOW5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OFChristofer Friederichs

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

7-4-1854

7. AGE

83 YEARS3 MONTHS27 DAYSIf LESS than 1
day, hrs.
or min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.At Home9. 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
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Germany

FATHER

13. NAME

Heinsoth14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Germany

MOTHER

15. MAIDEN NAME

Unknown16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Known17. INFORMANT
(ADDRESS)J H FriederichsCole Camp Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE St Paul CemeteryDATE 11-3-193719. UNDERTAKER
(ADDRESS)E L FickhoffCole Camp Mo

20. FILED

Nov 2 1937

Registrar

MEDICAL CERTIFICATE OF DEATH

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

11-1-1937

, 19

22. I HEREBY CERTIFY, That I attended deceased from

Nov 1, 1937, to Nov 1, 1937.I last saw him alive on no date, 19. Death is said

to have occurred on the date stated above, at.....m.

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

Date of onset

Dead just before
I got there from
heart failure
in the home.

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

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)

, M. D.

(Address)

Windsor Mo

