JAN 15 1938

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

Do not use this space.

File No. 44984
Registered No. 106

1. PLACE OF DEATH
County: Carroll
Registration District No.: 135
Primary Registration District No.: 3010
Township:
City: Carrollton (No. 304 East Washington St. 2nd Ward)

2. FULL NAME Mary Louisa Lindemeyer

(a) Residence, No. 304 East Washington St., 2nd 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: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow

5A. IF ~~MARRIED, WIDOWED, OR DIVORCED~~ ~~HUSBAND~~ OF ~~(OR) WIFE OF~~ C. Henry Lindemeyer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-18-1852

7. AGE: Years 85 | Months — | Days 25 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
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) Carrollton Mo.

FATHER
13. NAME John A. Foltz
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland

MOTHER
15. MAIDEN NAME Agnes Erne
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland

17. INFORMANT (ADDRESS) D. M. N. Lindemeyer Newton Kan.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Hill DATE 12/15 1937

19. UNDERTAKER (ADDRESS) Weeis Funeral Home Carrollton Mo.

20. FILED 12-15 1937 Ruth Haskin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-13 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 21 1937 to Dec 13 1937
I last saw h. alive on Dec 13 1937. Death is said to have occurred on the date stated above, at 6 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Nov 21 37

Other contributory causes of importance: 0

Senility

Name of operation None 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) [illegible] M. D.
(Address) Carrollton 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

X7294