

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

Do not use this space.

1. PLACE OF DEATH

County **JACKSON**
FT OSAGE

Registration District No. **396**

Township **LEVASY—MO.**

Primary Registration District No. **5552**

File No. **2972**
Registered No. _____
St. _____ Ward _____

2. FULL NAME **Caroline Scemmer Weitkamp 225**

(a) Residence, No. **Levasy Mo.** St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred **45** 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

3. SEX **Female** 4. COLOR OR RACE **white** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widow**

5A. IF MARRIED, WIDOWED, OR DIVORCED (OR) WIFE OF **Mr. William K. Weitkamp.**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Mch. 12. 1854**

7. AGE YEARS **83** MONTHS **9** DAYS **27** IF LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **house wife**
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) **Kappeln** (STATE OR COUNTRY) **Missouri**

13. NAME **Henry Schemmer**

14. BIRTHPLACE (CITY OR TOWN) **Westphalia** (STATE OR COUNTRY) **Prussia**

15. MAIDEN NAME **Christina Janson**

16. BIRTHPLACE (CITY OR TOWN) **not known** (STATE OR COUNTRY) **Germany**

17. INFORMANT **Gustav H. Weitkamp** (ADDRESS) **Levasy Mo.**

18. BURIAL, CREMATION, OR REMOVAL **Bonehill Cem** PLACE **Levasy Mo.** DATE **Jan. 11. 1938**

19. UNDERTAKER **Vernon M. Reppert** (ADDRESS) **Buckner Mo.**

20. FILED **Jan 10 1938** **John W. Robertson** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Jan. 9. 1938.**

22. **HEREBY CERTIFY**, That I attended deceased from **Jan 5, 1938** to **Jan 9, 1938**

I last saw him alive on **Jan 8, 1938** Death is said to have occurred on the date stated above, at **7:30 AM** m.

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

Cerebral Hemorrhage Date of onset **Jan 7-38**

Other contributory causes of importance:

Aspiration pneumonia

Name of operation **none** Date of _____

What test confirmed diagnosis? **Clinical** 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) **John W. Robertson** M. D.

(Address) **Buckner, Mo.** **358**

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.

RECEIVED

FEB. 25 1938

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MO. STATE BOARD OF HEALTH