

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

Do not use this space.

21

1. PLACE OF DEATH

92 County St. Charles
Township Ferris Osgood
0 City Augusta mo (No.)

Registration District No. 755
Primary Registration District No. 4453

File No. 3896
Registered No.
St. Ward

2. FULL NAME

Mathilda Hammann 550

(a) Residence, No. St. Ward.

Length of residence in city or town where death occurred 83 yrs. 3 mos. 13 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 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 20 - 1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or, min.
83 3 13

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired school Teacher
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 26

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Augusta mo St. Charles

MOTHER FATHER 13. NAME Henry F. Hammann

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

15. MAIDEN NAME Eliza Delot

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

17. INFORMANT Agnes Krebs (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE City Cemetery DATE Feb. 5 1938

19. UNDERTAKER Thieling & Muschay (ADDRESS) Augusta mo

20. FILED 2/4 1938 Chas. Day Registrar. 77

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 2, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec. 18, 1937, to Feb. 2, 1938
I last saw her alive on Feb. 1, 1938 Death is said

to have occurred on the date stated above, at 1 A m.
The principal cause of death and related causes of importance were as follows:

arteriosclerosis Date of onset 1933
AT

Other contributory causes of importance:

Name of operation..... 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?

If so, specify (Signed) Wm. C. Schmidt, M. D.
Augusta, Mo. (Address)

GRADE OF DEATH IN PLAIN TERMS, 8

RECEIVED

FEB 28 1938

BUREAU OF VITAL STATISTICS
MO. STATE BOARD OF HEALTH

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

3896
Do not use this space.

1. PLACE OF DEATH

(a) County St. Charles Registration District No. 75-5
(b) Township _____ Primary Registration District No. 4463 Registered No. _____
(c) City Augusta (d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St.
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mathilda Dammann

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 2, 1938

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

I HEREBY CERTIFY, That I attended deceased from Dec 18, 1937 to Feb 5, 1938, 1938

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

I last saw her alive on Feb 4, 1938. Death is said to have occurred on the date stated above, at 3 P. M.
The principal cause of death and related causes of importance were as follows:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
83 3 13

arterio Sclerosis
Date of onset _____

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as saw mill, bank, etc. Teacher
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

Other contributory causes of importance: _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Augusta, Mo.
St. Charles Mo.

FATHER 13. NAME Henry F. Dammann

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Charles Mo.

MOTHER 15. MAIDEN NAME Eliza Pratt

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Charles Mo.

17. INFORMANT (ADDRESS) Agnes Krime

18. BURIAL, CREMATION, OR REMOVAL PLACE City Cemetery DATE Feb 5, 1938

19. FUNERAL DIRECTOR (ADDRESS) Island of Smoky
Augusta Mo.

20. FILED 2/4 1938 Clara Day M.D.
Local Registrar.

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 _____, 1938

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? _____

If so, specify _____

(Signed) W.M.C. Schmidt, M. D.

(Address) Augusta Mo

REGISTRARS SHALL NOT RECEIVE A FEE FOR IFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

S-3896 1938