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.

REC'D MAR 22 1938

76 6 0

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

Do not use this space.

1. PLACE OF DEATH
County: Osage — Registration District No. 642
Township: — Primary Registration District No. 7386
City: Westphalia (No. ..., ... St. ... Ward)

File No. 7650
Registered No. 5

2. FULL NAME: Mrs. Annie Fechtel 234
(a) Residence, No. Westphalia, Missouri 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: John Fechtel

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 18, 1888

7. AGE — Years: 49 — Months: 10 — Days: 10 — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At home.
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): Westphalia, Mo. 0

FATHER
13. NAME: Herman Descher 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany 0

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

17. INFORMANT: John Fechtel
(ADDRESS) Westphalia, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Westphalia, Mo. DATE March 3, 1938

19. UNDERTAKER: Heinrichs Funeral Home
(ADDRESS) Jefferson City, Mo.

20. FILED July 28 38 Mary L. Plager Registrar. 573

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb. 28, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec. 28, 1937, 19..., to Feb. 28, 1938, 19...
I last saw her alive on Feb. 28, 1938, 19... Death is said to have occurred on the date stated above, at 7.40a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Ulicratve Endocarditis	
Ulcerative	
9/a	

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?
If so, specify
(Signed) Samuel R. Hartwood, M. D.
(Address) Westphalia, Mo.

FILL IN ANSWERS TO ALL SPACES CHECKED IN RED PENCIL.

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

Do not use this space.

1. PLACE OF DEATH
(a) County: Osage — Registration District No.: 642
(b) Township: — Primary Registration District No.: 4386 — Registered No.:
(c) City: Westphalia — (d) Street No.: St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(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: Mrs Annie Zechtel
(a) Residence, No. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): M

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

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

7. AGE: Years 49 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.:
9. Industry or business in which work was done, as 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):

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

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

17. INFORMANT (ADDRESS):

18. BURIAL, CREMATION, OR REMOVAL
PLACE: DATE: 19

19. FUNERAL DIRECTOR (ADDRESS):

20. FILED: 19
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 2-28-1938

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19.
I last saw h alive on 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

Ulcerative endocarditis
The above word misspelled.
Misspelled Ulcerative Endocarditis.
91 hrs

Other contributory causes of importance:
Operation two weeks before not a contributary cause.
NMO

Name of operation: Hysterotomy. Date of: Feb. 15.
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?
If so, specify:
(Signed) Saml. R. Harwood, M. D.
(Address) West Phalia Mo.

SUPPLEMENTARY

CHECK OR LEAVE in pencil lines. It may be properly classified. Exact statement of OCCUPATION is very important.
REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

S-7650