REC'D MAR 24 1938

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

Do not use this space.

8046

1. PLACE OF DEATH 3

County St. Francois 1 Registration District No. 773 File No.

Township St. Francois Primary Registration District No. 6018A Registered No. 21

City Farmington (No. , St. Ward)

2. FULL NAME Johanette Tuschoff 210

(a) Residence, No. Friedheim, Missouri St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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): Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 1861 ? ?

7. AGE: YEARS 77 (?) MONTHS ? DAYS ? If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework.
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): Germany 6

FATHER
13. NAME: No history 9
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown

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

17. INFORMANT (ADDRESS): State Hospital No. 4 Records Farmington, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Freidheim, Mo. DATE 1-3-38 19

19. UNDERTAKER (ADDRESS): McCombs Undertakers Jackson, Missouri

20. FILED Feb 2 1938 F. J. Robinson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): February 1, 1938

22. I HEREBY CERTIFY, That I attended deceased from September 4, 1933, to February 1, 1938
I last saw her alive on February 1, 1938. Death is said to have occurred on the date stated above, at 6:30 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Heart Disease	?
Arteriosclerosis, generalized & marked	?
1860	

Other contributory causes of importance:

Bronchopneumonia, terminal	1/31/38
Dementia Praecox, Paranoid	1903
Intracapsular fracture of right femur	1/20/38

Name of operation: none Date of

What test confirmed diagnosis: Clinical & Lab. Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Jan. 20, 1938
Where did injury occur? near Farmington, St. Francois Co., Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Onward of State Hosp. #4, Farmington, Mo.
Manner of injury: Fall from bed on attempting to arise.
Nature of injury: Intracapsular fracture of right femur

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify ✓

(Signed) C. C. Ault, M. D.
(Address) Farmington, Mo.

1.99

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.