

REC'D APR 22 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Pettis
 Township Elly Fork
 City _____ (No. _____)

Registration District No. 664
 Primary Registration District No. 5-883

File No. 11759
 Registered No. 5
 St. _____ Ward _____

2. FULL NAME

Fannie M. Vollrath 4. 6. 3
 (a) Residence, No. _____ 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 widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Emil C. Vollrath
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 10, 1875
 7. AGE YEARS 63 MONTHS 0 DAYS 7 If LESS than 1 day, _____ hrs. or _____ min.

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

12. BIRTHPLACE (CITY OR TOWN) Pettis MO
 (STATE OR COUNTRY)

13. NAME E. Clark Shaw

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

15. MAIDEN NAME Martha Madox

16. BIRTHPLACE (CITY OR TOWN) Pettis MO
 (STATE OR COUNTRY)

17. INFORMANT E. C. Vollrath
 (ADDRESS) Green Ridge

18. BURIAL, CREMATION, OR REMOVAL PLACE Union Bur. DATE Mar 19 1938

19. UNDERTAKER G. R. Shelley
 (ADDRESS) Green Ridge

20. FILED Mar 18 1938 G. R. Shelley Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 17 1938

22. I HEREBY CERTIFY, That I attended deceased from March 17 1938 to March 17 1938

I last saw her alive on March 17 1938 Death is said to have occurred on the date stated above, at 7:30 P. M.

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

① Cerebral Hemorrhage Date of onset Mar 17 1938

Other contributory causes of importance: g. 2nd

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 Mar 17 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? No

If so, specify _____

(Signed) H. W. Grove M. D.

(Address) Green Ridge, 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.

