

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

Bohning
 Do not use this space.
 22635 180

JUL 17 1938

1. PLACE OF DEATH

County.....**Pettis**..... Registration District No.....**668**
 Township..... Primary Registration District No.....**9032**
 City.....**Sedalia**..... (No. **1420 West 4th St.**)..... St. Ward)

2. FULL NAME

Minnie Wick
 (a) Residence, No. **1420 West 4th St.**, 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) **Widowed**
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Fred Wick**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **June 13, 1860**
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 11 18

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) **Missouri**

13. NAME **Jacob Kubitz**

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

15. MAIDEN NAME **Charlotte Pape**

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

17. INFORMANT **C. J. Spreckelmyer**
 (ADDRESS) **Sedalia, Mo.**

18. BURIAL, CREMATION, OR REMOVAL
 PLACE **Morrison, Mo.** DATE **June 2, 1938**

19. UNDERTAKER **Gillespie Funeral Home**
 (ADDRESS) **Sedalia, Mo.**

20. FILED **June 2, 1938** **Jean Slack**
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 1, 1938** 19

22. I HEREBY CERTIFY, That I attended deceased from **June 16, 1938 to June 21, 1938**
 Last saw her alive on **over a year ago**, 1937. Death is said to have occurred on the date stated above, at **92**

The principal cause of death and related causes of importance were as follows:
Mitral insufficiency
92
 Date of onset **1930**

Other contributory causes of importance:
General edema

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?
 If so, specify **None**
 (Signed) **Berd Bohning**, M. D.
 (Address) **Sedalia, 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.

