

REC'D AUG 24 1938

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

Do not use this space.

25107

1. PLACE OF DEATH  
 26 County Cole Registration District No. 213  
 Township..... Primary Registration District No. 2014  
 3 City Jefferson City (No. Hospital) St. .... Ward)  
 52. FULL NAME Johanna G. Voss 200  
 (a) Residence No. Linn Mo. St. .... Ward. ....  
 (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.

File No. ....  
Registered No. 200

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Louis H. Voss  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 10 - 1867  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
75 7 21  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife  
 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 .....

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 1 1938  
 22. I HEREBY CERTIFY, That I attended deceased from June 17 1938, to July 1 1938.  
 I last saw her alive on July 1 1938. Death is said to have occurred on the date stated above, at 11:45 a.m.

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

Coronary Thrombosis Date of onset  
Has had a very bad heart for a long time. Not feeling well suddenly alloted when starting house  
Old age - bad heart for a long time 9/13

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Johns Franklin Co. Mo.  
 13. NAME Wilhelm Voss  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany  
 15. MAIDEN NAME Mendrina Lakebink  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany  
 17. INFORMANT (ADDRESS) Bessie Voss Linn Mo.  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Linn, Mo. DATE July 7 1938  
 19. UNDERTAKER (ADDRESS) Morton Funeral Home Linn Mo.  
 20. FILED 7/21 1938 Subsloper M.D. Registrar.

Name of operation Open abscess Date of June 25  
 What test confirmed diagnosis? Pus 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? No  
 If so, specify .....  
 (Signed) J. J. Summers, M. D.  
 (Address) Jefferson City Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

# 3701

