REC'D AUG 25 1938

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

Do not use this space.

25976

File No.
Registered No. 9

1. PLACE OF DEATH
County Montgomery
Township Loutre
City Rhineland (No. , St. Ward)
Registration District No. 594
Primary Registration District No. 4352

2. FULL NAME Mrs Helena Struttman. 363
(a) Residence, No. Rhineland, Mo. 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 Henry Struttman.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 11th-1865

7. AGE: Years 72 | Months 7 | Days 2 | If LESS than 1 day, hrs. or min.

OCCUPATION
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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Montgomery, Co. Mo.

FATHER
13. NAME Benard Peters.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany.

MOTHER
15. MAIDEN NAME Wilmena Fehlings.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Gaspo Wm Boomer. Rhineland Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Joseph's Cemetery DATE 7-14 1938

19. UNDERTAKER Barton Baker.
(ADDRESS) Americus, Mo.

20. FILED 7-13 1938 Nana Lee Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 13 1938

22. I HEREBY CERTIFY, That I attended deceased from July 5 1938, to July 13 1938
I last saw her alive on July 12 1938. Death is said to have occurred on the date stated above, at 12 a.m.
The principal cause of death and related causes of importance were as follows:

Colitis — Date of onset 7-5-38
Chronic

Other contributory causes of importance:
Acute Dysentery

Name of operation 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? no
If so, specify
(Signed) O. R. Rauschelbach, M. D.
(Address) Rhineland 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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