

AUG 26 1938

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

Do not use this space.

## 1. PLACE OF DEATH

County *Perry*  
Township *Orange*  
City (No. ....) St. .... Ward

Registration District No. *657*  
Primary Registration District No. *5874*

File No. *26153*  
Registered No. *9*

## 2. FULL NAME

*Evelyn Pretzold 324*  
(a) Residence, No. *Frohna* St., .... Ward.

Length of residence in city or town where death occurred *all* yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

## 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 *Anton Pretzold*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *July 2-1899*

7. AGE YEARS MONTHS DAYS IF LESS THAN 1 day, .... hrs. or .... min.  
*39 0 7*

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) *7-8-39* 11. Total time (years) spent in this occupation *all*

12. BIRTHPLACE (CITY OR TOWN) *Frohna Mo* (STATE OR COUNTRY) *Perry*

13. NAME *Ben Mueller*

14. BIRTHPLACE (CITY OR TOWN) *Frohna Mo* (STATE OR COUNTRY) *Perry*

15. MAIDEN NAME *Johanna Summers*

16. BIRTHPLACE (CITY OR TOWN) *Perryville Mo* (STATE OR COUNTRY) *Perry*

17. INFORMANT *Anton Pretzold* (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE *Frohna Mo* DATE *7-12* 1938

19. UNDERTAKER *Young & Sons* (ADDRESS) *Perryville Mo*

20. FILED *7-11-38* *Adolph B. Schmidt* Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 9*, 19*38*

22. I HEREBY CERTIFY That I attended deceased from *July 7-*, 19*38*, to *July 9-*, 19*38*. Last seen alive on *July 19<sup>th</sup>*, 19*38*. Death is said to have occurred on the date stated above, at *3:00* p. m.

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

*Puerperal Albuminuria + Convulsions* Date of onset *7-8-38*

Other contributory causes of importance: *1/40*

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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 \_\_\_\_\_

(Signed) *E. J. Palisch*, M. D.

(Address) *Frohna 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.

SEP 27 1948

Embelsed by — Edward C. Young  
Invoice no 2138  
Perryville Mo