REC'D SEP 14 1938

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

Do not use this space.

28546

1. PLACE OF DEATH

County Cape Girardeau Registration District No. 125 File No.

Township " " Primary Registration District No. 3009 Registered No. 261

City Cape G " (No. St Francis Hospital St. Ward)

2. FULL NAME Barber ann Lohmann 550

(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 (*write* the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 30 - 1938

7. AGE: YEARS 0 MONTHS 0 DAYS 1 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
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 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cape Girardeau Mo

FATHER
13. NAME Edmund Lohmann
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perry Co Mo

MOTHER
15. MAIDEN NAME Olivia Weimrich
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perry Co Mo

17. INFORMANT (ADDRESS) Edmund Lohmann Perryville Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Longtown Luther cemetery DATE Aug 31, 1938

19. UNDERTAKER (ADDRESS) Lorberg F & U Co Cape Girardeau Mo

20. FILED 8-30, 1938 J. M. Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 30, 1938

22. I HEREBY CERTIFY, That I attended deceased from 8/30, 1938, to 8/30, 1938

I last saw her alive on 8/30, 1938 Death is said to have occurred on the date stated above, at 8 P. m.

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

Date of onset

PREMATORITY

Other contributory causes of importance:

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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) [signature], M. D.

(Address) Cape Girardeau Mo

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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.