

REC'D SEP 16 1938

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

Do not use this space.

1. PLACE OF DEATH

County Rheips Registration District No. 677
Township Rolla mo Primary Registration District No. 4403
City Rolla mo (No. Hospital) St. Rolla mo Ward 436

File No. 29718
Registered No. 109

2. FULL NAME

(a) Residence, No. Bunker mo St. Rolla mo Ward 436
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred mo yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Anna E. Wildermuth

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 17 - 1966

7. AGE YEARS / MONTHS DAYS If LESS than 1 day,hrs. ormin.
62 / 9 / 7

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year) 1927 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cedar Co Iowa

13. NAME Dr. M. Wildermuth

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wisconsin

15. MAIDEN NAME Pehmwa, Shamwa

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

17. INFORMANT Anna E. Wildermuth (ADDRESS) Rolla mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Garlem mo DATE Aug 29 1938

19. UNDERTAKER Carl Spencer (ADDRESS) Garlem mo

20. FILED Aug 28 1938 Jo. F. Ayers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 23 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 23, 1938, to Aug 23, 1938

I last saw him alive on Aug 23, 1938 Death is said

to have occurred on the date stated above, at 12 P.m. 8-23-38

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

Shock and loss of blood following an injury in a sewage outlet 1935

Other contributory causes of importance:

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) William M. Powell M. D.

(Address) Rolla mo

610

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.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

29718
Do not use this space.

1. PLACE OF DEATH

(a) County Phelps Registration District No. 677
 (b) Township..... Primary Registration District No. 4403
 (c) City Rolla (d) Street No..... St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Jerome E. Wildersmuth

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or wife of) Eva Wildersmuth
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 16-1876
 7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
62 2 7
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.....
 9. Industry or business in which work was done, as saw mill, bank, etc. Furniture
 10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN)..... Iowa
 (STATE OR COUNTRY)

FATHER 13. NAME Edie Wildersmuth

14. BIRTHPLACE (CITY OR TOWN) Richmond Mo
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Penelope Stumway

16. BIRTHPLACE (CITY OR TOWN) South
 (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Mr. J. E. Wildersmuth

18. BURIAL, CREMATION, OR REMOVAL PLACE Cedar Grove DATE 8/28 1938

19. FUNERAL DIRECTOR (ADDRESS) Carl H. Spurgeon

20. FILED Oct. 12, 1938 Geo. F. Evans
 Agent Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 23, 1938

22. I HEREBY CERTIFY, That I attended deceased from _____ to _____, 19____.
 I last saw h..... alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

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) A. Sidney McFarland, M. D.
 (Address) Rolla

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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

TEMPORARY

S-29718