

REC'D OCT 1-8 1938

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

Do not use this space.

1. PLACE OF DEATH

County Audrain  
Township Sact River  
City Mexico Mo

Registration District No. 26  
Primary Registration District No. 3002  
(No. 620 - West Blvd Mexico Mo St. 3 Ward)

File No. 31589  
Registered No. 120

2. FULL NAME

(a) Residence, No. Mrs Annie De Werthern St. 636  
(Usual place of abode) Kings Dauphin Mexico Mo Ward.

(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 <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>O. E. De Werthern</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>10-13-1856</u>		
7. AGE	YEARS <u>81</u>	MONTHS <u>10</u>
	DAYS <u>13</u>	If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired</u>
	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) Callaway Co. Mo  
(STATE OR COUNTRY) Meadow

13. NAME Robt. Callaway

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

15. MAIDEN NAME Jane McCrae

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

17. INFORMANT Mrs. Elmer Hill  
(ADDRESS) Columbia Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Columbia Cem DATE 9-11-38

19. UNDERTAKER Parker  
(ADDRESS) Columbia Mo

20. FILED Sept 10, 1938 Blanche Neely  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 9, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1938, to Sept 9, 1938

I last saw her alive on Sept 8, 1938 Death is said

to have occurred on the date stated above, at 6:15 p.m.

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

Pneumonia

Other contributory causes of importance:

Chronic degenerative myocarditis with associated hypertensive heart disease

Name of operation None Date of None

What test confirmed diagnosis? None Was there an autopsy? None

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? None Date of injury None, 1938

Where did injury occur? None  
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? None

If so, specify

(Signed) Harry J. Osner, M. D.

(Address) Mexico Missouri

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

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Date Filed  
District File Number 10-8-28  
District Health Officer No. 10

RECEIVED

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