

DEPT JAN 15 1939

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

Do not use this space.

## 1. PLACE OF DEATH

County FRANKLINRegistration District No. 292Township BOEUFPrimary Registration District No. 5-410

City (No. )

St. Ward

2. FULL NAME SOPHIA MARIE GRANDEMANN

(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) SINGLE5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JAN 10 - 18707. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 68 10 208. 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) STONEY HILL MO13. NAME CAROL VIVIAN GRANDEMANN14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY15. MAIDEN NAME NEE ERNSTMEYER16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY17. INFORMANT (ADDRESS) Chara Granemann18. BURIAL, CREMATION, OR REMOVAL PLACE STONEY HILL MO DATE JAN 21 193919. UNDERTAKER (ADDRESS) HERMAN BLUMER BERGER MO20. FILED JAN 2 1939 Registrar J. E. ...

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) DEC. 30 193822. I HEREBY CERTIFY, That I attended deceased from Dec. 20 1938 to Dec. 30 1938I last saw him alive on Dec. 27 1938 Death is said to have occurred on the date stated above, at 11:30 P.M.

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

ArteriosclerosisDate of onset unknownOther contributory causes of importance: Aortic stenosisName of operation Aut. 73? Date ofWhat test confirmed diagnosis? Aut. 73? 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?

If so, specify

(Signed) J. E. ...(Address) Herman, Mo.

