REC'D FEB 11 1939

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

Do not use this space. 3/8

1. PLACE OF DEATH
County Cape
Township
City Cape Girardeau Mo. (No. St. Francis Hospital, St. Ward)
Registration District No. 125
Primary Registration District No. 3009
File No. 1883
Registered No. 44

2. FULL NAME Mrs. Hendricka Twellman
(a) Residence, No. 106 E. Main-Chaffee Mo. 1 Ward. Chaffee, Mo.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

455

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan. 15th. 1868

7. AGE: YEARS 71 | MONTHS | DAYS 15 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. 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. Housework
10. Date deceased last worked at this occupation (month and year) Jan. 1939
11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Leopold Missouri

FATHER
13. NAME: John H. Eftink
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): No record Holland

MOTHER
15. MAIDEN NAME: G. Gassenfeldt
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): no record Holland

17. INFORMANT (ADDRESS): Miss Freda Twellman St. Louis, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. John's Cem. DATE Leopold Mo. Feb. 1 1939

19. UNDERTAKER (ADDRESS): Stubbs Funeral Chaffee Mo. 121

20. FILED 1-29 1939 J. M. Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 29, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 21 1939, to Jan 29, 1939
I last saw her alive on Jan 29, 1939 Death is said to have occurred on the date stated above, at 3:05 m.
The principal cause of death and related causes of importance were as follows:

Apoplexy. Date of onset 1-21-39

95 P

Other contributory causes of importance:
Cardio-renal
Disease
Hypertension

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? No 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

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.