

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

Do not use this space.

REC'D MAR 10 1939

**1. PLACE OF DEATH**

County Cole

Registration District No. 914

Township Worcester

Primary Registration District No. 5294

City Russellville (No. 1)

File No. 6309

Registered No. # 2

**2. FULL NAME**

(a) Residence, No. Russellville 370 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

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Female White Widowed

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

Sebastian Holglitzer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Dec. 5, 1860

7. AGE

YEARS

MONTHS

DAY

IF LESS than 1 day, hrs. or min.

78

2

1

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.

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)

Lehman  
Massachusetts

13. NAME

Frank Holglitzer

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

Austria

15. MAIDEN NAME

Theresia Jung

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

Austria

17. INFORMANT (ADDRESS)

Frank Holglitzer

18. BURIAL, CREMATION, OR REMOVAL

PLACE Russellville DATE 2-8-1939

19. UNDERTAKER (ADDRESS)

Wm. J. Holglitzer  
Russellville, Mo.

20. FILED

Feb. 7, 1939 Wm. J. Holglitzer  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 6, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 5, 1939, to Feb 6, 1939

I last saw her alive on Feb 6, 1939. Death is said

to have occurred on the date stated above, at 8:48 a.m.

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

Diabetes Mellitus

Date of onset

Other contributory causes of importance:

Name of operation Laboratory Date of Feb

What test confirmed diagnosis? Laboratory 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 \_\_\_\_\_, 1939

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? No

If so, specify \_\_\_\_\_

(Signed) Wm. J. Holglitzer

(Address) Russellville, 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.

