1939 SEP 12 1939

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

Do not use this space.

1. PLACE OF DEATH

County: Buchannan — Registration District No.: 85 — File No.: 28622

Township: ~~Washington~~ — Primary Registration District No.: 1001 — Registered No.: 852

City: St Joseph, Mo (No. Mo. Methodist Hospital St. Ward)

6/14

2. FULL NAME: Freda Clara Herpel

(a) Residence, No. St., Ward. Wathena, Kansas (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred: 0 yrs. 0 mos. 2 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	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 11, 1900

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
39	1	8	

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: all

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Wathena, Kansas

FATHER

13. NAME: Frank Meng

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Wathena, Kansas

MOTHER

15. MAIDEN NAME: Emma Leichti

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Wathena, Kans.

17. INFORMANT: Elmer Herpel
(ADDRESS) Wathena, Kans

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Wathena, Kans DATE: Aug. 19, 1939

19. UNDERTAKER: N. C. Dodds,
(ADDRESS) Wathena, Kansas

20. FILED: 8/21, 1939 H. J. Mattlebush, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug 19th, 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug. 13th, 1939, to Aug 19th, 1939

I last saw her alive on Aug. 19th, 1939. Death is said to have occurred on the date stated above, at 11:10 a.m.

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

	Date of onset
Septicaemia	Aug 15th 1939
abortion, spontaneous	

Other contributory causes of importance: NO

Name of operation: None Date of:

What test confirmed diagnosis? Clinical 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? No

If so, specify

(Signed) John L. Woods, M. D.

(Address) Wathena, Kans.

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.