

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

DEC 10 1939

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

Do not use this space.

40992

1. PLACE OF DEATH

County Stoddard
Township Hubert
City Dexter mo (No. 420)

Registration District No. 838
Primary Registration District No. 4504

File No.
Registered No.
St. Ward)

2. FULL NAME

(a) Residence, No. St. Ward.
(Usual place of abode)

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.

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F.</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 2, 1939</u>		
7. AGE	YEARS	MONTHS
	<u>4</u>	<u>9</u>
		<u>6</u>
8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc.		11. Total time (years) spent in this occupation
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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Chillicothe mo</u>		
13. NAME <u>Wickmann</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)		
15. MAIDEN NAME <u>Ersmann Sells</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Berlin mo</u>		
17. INFORMANT <u>Severad Sells</u>		
18. BURIAL, CREMATION, OR REMOVAL		
PLACE <u>Berlin</u>	DATE <u>11-9-20 1939</u>	
19. UNDERTAKER <u>Watkins</u>		
(ADDRESS) <u>Dexter mo</u>		
20. FILED <u>11/5</u> 19 <u>39</u> <u>Jennie Burton</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 8 - 9 1939

22. I HEREBY CERTIFY, That I attended deceased from

Nov 7 1939, to Nov 7 1939

I last saw her alive on Nov 7 1939 Death is said

to have occurred on the date stated above, at.....m.

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

Laryngeal Diphtheria

Other contributory causes of importance: 10

Name of operation..... Date of.....

What test confirmed diagnosis?..... 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) Geo. J. Schaefer / , M. D.

755 (Address) Dexter, mo.

50M-10-22-38 I X314

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.

10-2-10

10-11

RECEIVED

District No. 2,

District File 1289-436

Date Filed 12-11

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