

AUG 16 1940

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

25141
Do not use this space.

1. PLACE OF DEATH

(a) County Gasconade Registration District No. 303
(b) Township HOARK Primary Registration District No. 5420
(c) City _____ or _____ (d) Street No. _____ St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

550 ELLA TWYMAN
(a) Residence, No. Gasconade County St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 Charles Twyman
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 1, 1876
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 4 8

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. hwf.
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) Dec. 1939 11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Syracuse Missouri

FATHER 13. NAME John Moore

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

MOTHER 15. MAIDEN NAME Sarah Rudolph

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

17. INFORMANT (ADDRESS) Mrs. Alb. Wohlt Gasconade, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Syracuse, MO. DATE July 11, 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Hugo H. Blumer Hermann, Missouri

20. FILED 7-11-40 Anna K. Reithoff Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 9, 1940

22. I HEREBY CERTIFY, That I attended deceased from Dec. 5, 1939, 19....., to July 9, 1940, 19.....

I last saw her alive on July 9, 1940 Death is said to have occurred on the date stated above, at 8:00 P.M.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Date of onset 6/20/40

Other contributory causes of importance: Involution Melancholia 1939

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) J. Messing, M. D.
Address Hermann, 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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed August Blumert

Licensed Embalmer No..... 3160.....

P. O. Address Hermann, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.