

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

Do not use this space.

1037

1. PLACE OF DEATH

County Henry
Township.....
City Clinton Mo (No. 7110)

Registration District No. 347
Primary Registration District No. 3018

File No.....
Registered No. 7
St..... Ward)

2. FULL NAME

Miss Catharin Dehus

(a) Residence. No. 516 E. Grand River St. 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 12 - 1857

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>73</u>	<u>11</u>	<u>1</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Nurse
(b) General nature of industry, business, or establishment in which employed (or employer) 217
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Spicelvelt Ia
(STATE OR COUNTRY)

10. NAME OF FATHER Peter Dehus

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Suzana Mouse

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany
(STATE OR COUNTRY)

14. INFORMANT Mrs. Mrs. Seiser
(Address) Clinton Mo

15. FILED 1/15 1931 E. C. Peelor REGISTRAR
m.c.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 13 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan 3, 1931, to Jan 13, 1931, that I last saw him alive on Jan 13, 1931, and that death occurred, on the date stated above, at 1 p m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Heart failure
internal hemorrhage
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) venemia
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 105
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF.....
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Stal. & cellation
(Signed) A. H. Penflemor M.D.
, 19 (Address)

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Clinton Mo DATE OF BURIAL 1-15 1931

20. UNDERTAKER Spencer Bros ADDRESS Clinton 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.

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