

NOV 16 1934

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

35116

1. PLACE OF DEATH

County Andrew,Registration District No. 16Township Rochester,Primary Registration District No. 5020City 1 Mile N. Helena, Mo.

St. _____ Ward _____

2. FULL NAME Jeanette Caroline Trachsel,(a) Residence, No. 1 I. No. Helena, Mo. St. _____ Ward _____
(Usual place of abode)Length of residence in city or town where death occurred 41 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>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married,</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF Samuel R. Trachsel,6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 17, 1862

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>72</u>	<u>1</u>	<u>14</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeping,9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home,10. Date deceased last worked at this occupation (month and year) Oct. 1934,11. Total time (years) spent in this occupation 5212. BIRTHPLACE (CITY OR TOWN) Zweisimmen,
(STATE OR COUNTRY) Switzerland13. NAME John Feuz,14. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Switzerland,15. MAIDEN NAME Jeanette Schlappi,16. BIRTHPLACE (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Switzerland17. INFORMANT Samuel R. Trachsel
(ADDRESS) Helena, Missouri.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Helena Mo. DATE October 2, 193419. UNDERTAKER Frank A. Bowman
(ADDRESS) Savannah, Mo.20. FILED Oct 2, 1934 Mrs. Betty Rogers
Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 1st, 193422. I HEREBY CERTIFY, That I attended deceased from Oct. 1st, 1934, to Oct. 1st, 1934,I last saw him alive on Sept. 28, 1934, Death is said to have occurred on the date stated above, at 6:15 a. m.

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

Chronic Myocarditis Date of onset Oct. 1931.93C
57A 93A

Other contributory causes of importance:

Osteo Arthritis of left hip Oct. 1931.

Name of operation _____ Date of _____

What test confirmed diagnosis? Clinical Was there an autopsy? No23. 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) E. M. Reynolds, M. D.(Address) Union Star, 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.

