

NOV 15 1937

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

Do not use this space.

37105

1. PLACE OF DEATH

County Buchanan, Registration District No. 82
Township Marion Primary Registration District No. 5723
City (No. Near New Hurlinger, Mo.) St. _____ Ward _____

File No. 8
Registered No. 8

2. FULL NAME Mary Elizabeth Wiedmaier,

(a) Residence, No. R.F.D. # 2 Easton, Mo. St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 69 yrs. 1 mos. 18 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

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 Frank X. Wiedmaier,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 10, 1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or, min.
69 1 18

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home,

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Easton, Missouri,

13. NAME Sebastian Kessler,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Germany,

15. MAIDEN NAME Louise Schleicher,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Germany,

17. INFORMANT (ADDRESS) Bernard Wiedmaier, R.F.D. # 2, Easton, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Mary's Cen. DATE Oct. 30th 1937

19. UNDERTAKER (ADDRESS) Heaton-Brale-Brown, FH, 319 So. 10th, St. Joseph, Mo.

20. FILED 11/10 1937 Reg. Hurlinger, Mo. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 4, 1937, to 10/28, 1937

I last saw her alive on 10/27, 1937 Death is said to have occurred on the date stated above, at 10:30 a.m.

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

Coronary Thrombosis

Date of onset 10/24/37

Other contributory causes of importance:

Arterio-sclerosis
Diabetes mellitus

?
1935

Name of operation None Date of _____

What test confirmed diagnosis: Phy. Exam. Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? None 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) M. H. Kelly

(Address) City of St. Joseph, Mo.

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

