

MAY 14 1936

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

Do not use this space.

238173
1936
Registered No. 6

1. PLACE OF DEATH

County Monteau
Township Ann
City (No.) St. Ward)

Registration District No. 574
Primary Registration District No. 57724

File No.
Registered No.

2. FULL NAME

Matilda Hinretta Wallenmeyer

(a) Residence, No. 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 <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF <u>Camel Wallenmeyer</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan - 22 - 1859</u>		
7. AGE	YEARS <u>76</u>	MONTHS <u>6</u>
	DAYS <u>4</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-26, 1936
22. I HEREBY CERTIFY, That I attended deceased from Apr 18, 1935, to 7-26, 1936.
I last saw him alive on 7-25, 1936. Death is said to have occurred on the date stated above, at 5P m.
The principal cause of death and related causes of importance were as follows:
Cerebrovascular disease
Date of onset unknown

Other contributory causes of importance:
46

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

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?
If so, specify

(Signed) D. A. Weyh, M. D.
(Address) Grange House No

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>
	13. NAME <u>Fred Heranleben</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>
	15. MAIDEN NAME <u>Antonine Moser</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>
17. INFORMANT (ADDRESS) <u>John H. Wallenmeyer</u>	
18. BURIAL, CREMATION, OR REMOVAL PLAC <u>Monteau Cem.</u> DATE <u>7-28-36</u>	
19. UNDERTAKER (ADDRESS) <u>Albert Hornbeck</u> <u>Prairie Home Mo</u>	
20. FILED <u>Aug 16</u> 19 <u>36</u> <u>Ellis E. Raik</u> Registrar.	

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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