

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

Do not use this space.

1. PLACE OF DEATH

County Cole
Township Marion
City Centertown (No.)

Registration District No. 211
Primary Registration District No. 4128

File No. 22329
Registered No. 12
St. Ward)

2. FULL NAME

Amelia Hunziker
(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wife of Frank Hunziker

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 25, 1858

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
73 8 3

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer —

9. BIRTHPLACE (CITY OR TOWN) Marion (STATE OR COUNTRY) Missouri

10. NAME OF FATHER Christian Baushausen

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

12. MAIDEN NAME OF MOTHER Mary Linneberg

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

14. INFORMANT Henny Baushausen (Address) Marion, Mo.

15. FILED 7/30 1932 H. T. Leach, M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 28 1932

17. I HEREBY CERTIFY, That I attended deceased from July 3, 1932, to July 28, 1932, that I last saw her alive on July 28, 1932, and that death occurred, on the date stated above, at 8:20 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Valvular Heart Disease

Chronic Valvular Heart Disease (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Apoplexy with left-sided Hemiplegia (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED at Place of Death
IF NOT AT PLACE OF DEATH,

DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No (1)

WHAT TEST CONFIRMED DIAGNOSIS? none
(Signed) Frank J. Hehner, M.D.
, 19 (Address) Centertown Mo.

*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 Centertown Cem DATE OF BURIAL 7/30 1932

20. UNDERTAKER Hillman & Greidmeyer ADDRESS California

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.

AUG 3 1932

